# Addison's Disease

A Medical Dictionary, Bibliography,
and Annotated Research Guide to
Internet References

**James N. Parker, M.D.**
**and Philip M. Parker, Ph.D., Editors**

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The collective knowledge generated from academic and applied research summarized in various references has been critical in the creation of this book which is best viewed as a comprehensive compilation and collection of information prepared by various official agencies which produce publications on Addison's disease. Books in this series draw from various agencies and institutions associated with the United States Department of Health and Human Services, and in particular, the Office of the Secretary of Health and Human Services (OS), the Administration for Children and Families (ACF), the Administration on Aging (AOA), the Agency for Healthcare Research and Quality (AHRQ), the Agency for Toxic Substances and Disease Registry (ATSDR), the Centers for Disease Control and Prevention (CDC), the Food and Drug Administration (FDA), the Healthcare Financing Administration (HCFA), the Health Resources and Services Administration (HRSA), the Indian Health Service (IHS), the institutions of the National Institutes of Health (NIH), the Program Support Center (PSC), and the Substance Abuse and Mental Health Services Administration (SAMHSA). In addition to these sources, information gathered from the National Library of Medicine, the United States Patent Office, the European Union, and their related organizations has been invaluable in the creation of this book. Some of the work represented was financially supported by the Research and Development Committee at INSEAD. This support is gratefully acknowledged. Finally, special thanks are owed to Tiffany Freeman for her excellent editorial support.

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# Table of Contents

# FORWARD

In March 2001, the National Institutes of Health issued the following warning: "The number of Web sites offering health-related resources grows every day. Many sites provide valuable information, while others may have information that is unreliable or misleading."[1] Furthermore, because of the rapid increase in Internet-based information, many hours can be wasted searching, selecting, and printing. Since only the smallest fraction of information dealing with Addison's disease is indexed in search engines, such as **www.google.com** or others, a non-systematic approach to Internet research can be not only time consuming, but also incomplete. This book was created for medical professionals, students, and members of the general public who want to know as much as possible about Addison's disease, using the most advanced research tools available and spending the least amount of time doing so.

In addition to offering a structured and comprehensive bibliography, the pages that follow will tell you where and how to find reliable information covering virtually all topics related to Addison's disease, from the essentials to the most advanced areas of research. Public, academic, government, and peer-reviewed research studies are emphasized. Various abstracts are reproduced to give you some of the latest official information available to date on Addison's disease. Abundant guidance is given on how to obtain free-of-charge primary research results via the Internet. **While this book focuses on the field of medicine, when some sources provide access to non-medical information relating to Addison's disease, these are noted in the text.**

E-book and electronic versions of this book are fully interactive with each of the Internet sites mentioned (clicking on a hyperlink automatically opens your browser to the site indicated). If you are using the hard copy version of this book, you can access a cited Web site by typing the provided Web address directly into your Internet browser. You may find it useful to refer to synonyms or related terms when accessing these Internet databases. **NOTE:** At the time of publication, the Web addresses were functional. However, some links may fail due to URL address changes, which is a common occurrence on the Internet.

For readers unfamiliar with the Internet, detailed instructions are offered on how to access electronic resources. For readers unfamiliar with medical terminology, a comprehensive glossary is provided. For readers without access to Internet resources, a directory of medical libraries, that have or can locate references cited here, is given. We hope these resources will prove useful to the widest possible audience seeking information on Addison's disease.

*The Editors*

[1] From the NIH, National Cancer Institute (NCI): **http://www.cancer.gov/cancerinfo/ten-things-to-know**.

# CHAPTER 1. STUDIES ON ADDISON'S DISEASE

## Overview

In this chapter, we will show you how to locate peer-reviewed references and studies on Addison's disease.

## Federally Funded Research on Addison's Disease

The U.S. Government supports a variety of research studies relating to Addison's disease. These studies are tracked by the Office of Extramural Research at the National Institutes of Health.[2] CRISP (Computerized Retrieval of Information on Scientific Projects) is a searchable database of federally funded biomedical research projects conducted at universities, hospitals, and other institutions.

Search the CRISP Web site at **http://crisp.cit.nih.gov/crisp/crisp_query.generate_screen**. You will have the option to perform targeted searches by various criteria, including geography, date, and topics related to Addison's disease.

For most of the studies, the agencies reporting into CRISP provide summaries or abstracts. As opposed to clinical trial research using patients, many federally funded studies use animals or simulated models to explore Addison's disease. The following is typical of the type of information found when searching the CRISP database for Addison's disease:

- **Project Title: ASSESSMENT OF HYDROCORTISONE REPLACEMENT DOSES IN ADDISON'S DISEASE**

  Principal Investigator & Institution: Samuels, Mary H.; Associate Professor of Medicine; Oregon Health & Science University Portland, or 972393098

  Timing: Fiscal Year 2001

[2] Healthcare projects are funded by the National Institutes of Health (NIH), Substance Abuse and Mental Health Services (SAMHSA), Health Resources and Services Administration (HRSA), Food and Drug Administration (FDA), Centers for Disease Control and Prevention (CDCP), Agency for Healthcare Research and Quality (AHRQ), and Office of Assistant Secretary of Health (OASH).

Summary: Addison's Disease occurs when the adrenal gland cannot make normal amounts of the hormone cortisol. **Addison's Disease** is treated with daily doses of hydrocortisone (or related medications) to replace the body's cortisol levels. However, we do not know exactly how much hydrocortisone is the right amount for people with **Addison's Disease.** The purpose of this study is to measure the amount of cortisol available to the body when given different types and doses of hydrocortisone, either through the vein, or as pills.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: CLINICAL COMPONENT**

  Principal Investigator & Institution: Kotzin, Brian L.; Professor; University of Colorado Hlth Sciences Ctr P.O. Box 6508, Grants and Contracts Aurora, Co 800450508

  Timing: Fiscal Year 2003; Project Start 01-SEP-2003; Project End 31-AUG-2008

  Summary: The Denver Autoimmunity Center of Excellence encompasses a wide array of clinical investigators involved in studies of autoimmune diseases. The Denver ACE includes groups doing clinical investigation on type 1 diabetes, systemic lupus erythematosus and lupus nephritis, rheumatoid arthritis, systemic sclerosis, multiple sclerosis, autoimmune pulmonary diseases including interstitial lung disease and granulomatous lung disease, celiac disease, inflammatory bowel diseases, autoimmune polyendocrine syndromes and **Addison's disease,** and autoimmune skin diseases including vitiligo, pemphigus, and lupus-related rashes. These disease groups, involving multiple clinical specialties, departments, and institutions are part of the Denver ACE and have pledged their interest and support. In the original application and this renewal application, diseases being studied in individual clinical projects have included type 1 diabetes, systemic lupus erythematosus, rheumatoid arthritis, **Addison's disease** and autoimmune polyendocrine syndromes, celiac disease, and vitiligo. Among the different clinical components of the Denver ACE is the Barbara Davis Center for Childhood Diabetes, which is well known for its role in innovative research in the treatment and prevention of type 1 diabetes. The Denver ACE also includes a number of groups interested in the investigation of systemic lupus and two large Centers of multiple sclerosis patients. An important addition to the current renewal application is the addition of the rheumatology group at the University of Nebraska Medical Center and the Rheumatoid Arthritis Investigational Network (RAIN) of clinical rheumatologists and other personnel directed to the study of RA. In the preceding funding period, the Denver ACE has been involved in the design of clinical trials investigating the use of parenteral insulin for the prevention of islet cell autoimmunity and type 1 diabetes in high risk children, the use of a monoclonal antibody to complement component C5 in the treatment of lupus nephritis, and the use of mycophenolate with daclizumab in new onset type 1 diabetes. The Denver Center is also a collaborating site for ACE studies of anti-CD20 in systemic lupus. Two novel Phase II randomized, double-blind, and placebo-controlled protocols are included in the current renewal application. The first investigates the use of an insulin peptide B9-23 altered peptide ligand to prevent development of disease in patients with prediabetes. The second involves the use of a monoclonal antibody to CD20 (rituximab) in the treatment of patients with early (recent-onset) rheumatoid arthritis. Both trials will also involve considerable mechanistic studies.

  Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: GENETIC ARCHITECTURE OF THE MAMMALIAN (CANID) SKELETON.**

  Principal Investigator & Institution: Lark, Karl G.; Professor and Chairman; Biology; University of Utah 200 S University St Salt Lake City, Ut 84112

  Timing: Fiscal Year 2002; Project Start 01-MAR-2002; Project End 28-FEB-2005

  Summary: (provided by applicant): The objective of this project is to understand the genetic basis for the morphology and development of the mammalian skeleton. In the process, we should obtain an overview of the genetic architecture of a set of related polygenic traits in a mammal and establish the dog as a useful organism for the study of polygenic phenotypes. Our approach, involving interaction with dog owners, offers an opportunity to create a better public understanding of the research process, the role of genetics in medical research and its impact on every day life. The dog has been chosen as the animal model of choice because of its great range of morphological diversity. Recent progress on its genome has made it possible to relate genetic data on the dog genome to the genome of the human or the mouse and inbred dog populations present ideal populations in which inbreeding has concentrated many of the genes involved in polygenic disease. To determine the genetic architecture underlying the structure of the mammalian skeleton, it will be necessary to identify the multiple genes that regulate skeletal size and shape and to determine the periods during juvenile development when these genes affect growth. The results should be applicable to unraveling genetic aspects of other polygenic human diseases also found in dogs such as cancer, auto-immune disorders (such as **Addison's disease**), or disorders of the nervous system (such as epilepsy).

  Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: GENETICS OF AUTOIMMUNE POLYENDOCRINE SYNDROME II**

  Principal Investigator & Institution: Spritz, Richard A.; Professor and Director; University of Colorado Hlth Sciences Ctr P.O. Box 6508, Grants and Contracts Aurora, Co 800450508

  Timing: Fiscal Year 2001

  Summary: Autoimmune polyendocrine syndrome type II (APS-II) is characterized by the co-occurrence of two or more of various autoimmune disorders in individuals, and often also in their family members, most typically **Addison's disease,** autoimmune thyroid disease (Graves' disease and hypothyroidism), type I diabetes mellitus celiac disease, hypogonadism, vitiligo, alopecia, pernicious anemia, and myasthenia gravis, but in some families may also include lupus erythematosis, juvenile rheumatoid arthritis, multiple sclerosis, and other disorders. Our analyses strong indicate that autoimmunity in APS-II is controlled by a non-MHC gene in the context of a susceptible HLA genotype. We propose to map this non- MHC APS-II gene, determine its role in different clinical subtypes of APS-II, determine which autoimmune manifestations of APS-II are accounted for by this 2-locus model, and ultimately to identify the non- MHC APS-II gene. Our approach is to identify and analyze large APS-II pedigrees to define clerical heterogeneity that may reflect underlying genetic heterogeneity. We have carried out a series of large preliminary clinical surveys identifying three distinct groups of APS-II families in whom specific autoimmune disorders appear to occur as autosomal dominant traits; families with multiple cases of **Addison's disease** and other autoimmune disorders, families with multiple cases of vitiligo and other autoimmune disorders, and families with adult-onset type 1diabetes mellitus and other autoimmune disorders. In the multiplex **Addison's disease** families, we have identified specific HLA

genotypes that appear to be necessary but not sufficient for the occurrence of disease. Given a susceptible HLA genotype, the occurrence of **Addison's disease** in these families appears to be determined by an autosomal dominantly inherited locus outside the MHC. We will map this non-MHC APS-II locus by an initial 10-cM genome screen to identify a candidate region of linkage, we will then refine this localization using additional families and additional markers, to the point of constructing a physical map of the region, and we will eventually identify the non-MHC APS-II susceptibility gene. We also plan to collect samples from vitiligo/APS-II and diabetes/APS-II families and to determine which of the various autoimmune manifestations in these families are accounted for by this gene. Definition of genes that predispose to various forms of APS-II will greatly enhance our understanding of the genetics and causation of autoimmunity in general. The occurrence of lupus erythematosis, juvenile rheumatoid arthritis, and multiple sclerosis in some families with APS-II suggests that the identification of APS-II genes may also shed light on the pathogenesis of these autoimmune disorders. In the long run, identification of genes and corresponding gene products that are involved in these autoimmune disorders will undoubtedly open up new avenues of approach to their treatment and even prevention.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: MOLECULAR GENETICS OF THE HPA(I) AXIS**

  Principal Investigator & Institution: Danielson, Phillip B.; Asst. Professor; Biological Sciences; University of Denver Box 101562 Denver, Co 80208

  Timing: Fiscal Year 2002; Project Start 15-MAR-2002; Project End 28-FEB-2005

  Summary: (Provided By Applicant) The hypothalamus-pituitary-adrenal (interrenal) axis HPA(l)J is a neuroendocrine network responsible for modulating a broad range of physiological functions from reproductive activity to chronic stress response. Within this network, corticotropic cells in the anterior lobe of the pituitary express proopiomelanocortin (POMC), a precursor protein from which the polypeptide hormone, adrenocorticotropin (ACTH), is post-translationally released. ACTH is well established as a critical link in this network. Neurons in the hypothalamus secrete corticotropin releasing hormone (CRH), which induces the secretion of ACTH from the anterior pituitary. ACTH, in turn, stimulates the adrenal gland to synthesize and release cortisol, which is the final hormone in the chronic stress response cascade. Fluctuations in the production and/or regulation of CRF, ACTH or cortisol can have serious consequences with respect to the survival of an organism. Hyposecretion of cortisol results in **Addison's Disease.** Conversely, hypersecretion of cortisol is associated with Cushing's Syndrome, a multi-symptom metabolic disorder characterized by muscle atrophy, immune deficiency, adrenal hyperplasia, kidney dysfunction and general tissue degeneration. In contrast to humans, where the U.S. frequency of Cushing's Syndrome is on the order of 3700 cases annually, 100 percent of Pacific salmon display Cushing's Syndrome-like tissue and organ degeneration coincident with spawning. While it had been thought that the stress of marine to freshwater migration was responsible for the post-spawning demise of these fish, studies have now implicated overproduction of cortisol during sexual maturation as the factor which ultimately leads to the demise of spawning salmon. The current proposal will use a combination of cell and molecular strategies to investigate the role of P0MG and hypothalamic neuropeptides (CRH, AVT and Uro I) in the regulation of the HPA axis. This wilt help to identify specific components of HPA(I) axis which are altered during the sexual maturation of Pacific salmon, and which lead to their inevitable post-spawning demise. An understanding of the molecular mechanisms underlying the development of

Cushing's Syndrome-like pathology in Pacific Salmonids has the potential not only to advance our knowledge of the role of the HPA(I) in reproductive stress, but to contribute to a broader understanding of the etiology and pathogenesis of hypercorticism in humans.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: PREDICTION & DIAGNOSIS OF ADDISONS DISEASE**

  Principal Investigator & Institution: Eisenbarth, George S.; University of Colorado Hlth Sciences Ctr P.O. Box 6508, Grants and Contracts Aurora, Co 800450508

  Timing: Fiscal Year 2001

  Summary: This abstract is not available.

  Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

## E-Journals: PubMed Central[3]

PubMed Central (PMC) is a digital archive of life sciences journal literature developed and managed by the National Center for Biotechnology Information (NCBI) at the U.S. National Library of Medicine (NLM).[4] Access to this growing archive of e-journals is free and unrestricted.[5] To search, go to **http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=Pmc**, and type "Addison's disease" (or synonyms) into the search box. This search gives you access to full-text articles. The following is a sample of items found for Addison's disease in the PubMed Central database:

- **Case report: microcardia secondary to chronic adrenocortical insufficiency.** by Weir E, Fleming R.; 2001 Dec 11; http://www.pubmedcentral.gov/articlerender.fcgi?tool=pmcentrez&rendertype=external&artid=99177

## The National Library of Medicine: PubMed

One of the quickest and most comprehensive ways to find academic studies in both English and other languages is to use PubMed, maintained by the National Library of Medicine.[6] The advantage of PubMed over previously mentioned sources is that it covers a greater number of domestic and foreign references. It is also free to use. If the publisher has a Web site that offers full text of its journals, PubMed will provide links to that site, as well as to sites offering other related data. User registration, a subscription fee, or some other type of fee may be required to access the full text of articles in some journals.

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[3] Adapted from the National Library of Medicine: **http://www.pubmedcentral.nih.gov/about/intro.html**.

[4] With PubMed Central, NCBI is taking the lead in preservation and maintenance of open access to electronic literature, just as NLM has done for decades with printed biomedical literature. PubMed Central aims to become a world-class library of the digital age.

[5] The value of PubMed Central, in addition to its role as an archive, lies in the availability of data from diverse sources stored in a common format in a single repository. Many journals already have online publishing operations, and there is a growing tendency to publish material online only, to the exclusion of print.

[6] PubMed was developed by the National Center for Biotechnology Information (NCBI) at the National Library of Medicine (NLM) at the National Institutes of Health (NIH). The PubMed database was developed in conjunction with publishers of biomedical literature as a search tool for accessing literature citations and linking to full-text journal articles at Web sites of participating publishers. Publishers that participate in PubMed supply NLM with their citations electronically prior to or at the time of publication.

To generate your own bibliography of studies dealing with Addison's disease, simply go to the PubMed Web site at **http://www.ncbi.nlm.nih.gov/pubmed**. Type "Addison's disease" (or synonyms) into the search box, and click "Go." The following is the type of output you can expect from PubMed for Addison's disease (hyperlinks lead to article summaries):

- **21-hydroxylase autoantibodies in adult patients with endocrine autoimmune diseases are highly specific for Addison's disease. Belgian Diabetes Registry.**
  Author(s): Falorni A, Laureti S, Nikoshkov A, Picchio ML, Hallengren B, Vandewalle CL, Gorus FK, Tortoioli C, Luthman H, Brunetti P, Santeusanio F.
  Source: Clinical and Experimental Immunology. 1997 February; 107(2): 341-6.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9030873&dopt=Abstract

- **21-Hydroxylase, a major autoantigen in idiopathic Addison's disease.**
  Author(s): Winqvist O, Karlsson FA, Kampe O.
  Source: Lancet. 1992 June 27; 339(8809): 1559-62.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1351548&dopt=Abstract

- **24-hour blood pressure profile in Addison's disease.**
  Author(s): Fallo F, Fanelli G, Cipolla A, Betterle C, Boscaro M, Sonino N.
  Source: American Journal of Hypertension : Journal of the American Society of Hypertension. 1994 December; 7(12): 1105-9.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7702806&dopt=Abstract

- **3. Measurement of sweat sodium and potassium excretion for evaluation of mineralocorticoid activity in patients with Addison's disease.**
  Author(s): Grandchamp A, Veyrat R, Mach RS, Muller AF.
  Source: Helv Med Acta. 1970 April; 35(3): 201-16. No Abstract Available.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5426998&dopt=Abstract

- **A case of Addison's disease associated with the Lambert-Eaton myasthenic syndrome.**
  Author(s): Ozata M, Odabasi Z, Musabak U, Corakci A, Gundogan MA.
  Source: J Endocrinol Invest. 1997 June; 20(6): 338-41.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9294781&dopt=Abstract

- **A case of idiopathic Addison's disease and probable autoimmune thyroiditis in a mongol.**
  Author(s): Reid AH, Adamson DG, Browning MC, Donald JM.
  Source: J Ment Defic Res. 1975 September-December; 19(3-4): 205-8.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=129571&dopt=Abstract

- **A case of non-Hodgkin's lymphoma following long-term corticosteroid therapy for Addison's disease.**
  Author(s): Kakiuchi T, Uehara F, Ohba N.
  Source: Japanese Journal of Ophthalmology. 1998 September-October; 42(5): 393-7.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9822970&dopt=Abstract

- **A case of tuberculous epididymitis associated with Addison's disease.**
  Author(s): Higashihara M, Nagata N, Takeuchi K, Ushio K.
  Source: Endocrinol Jpn. 1984 February; 31(1): 1-5.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6734524&dopt=Abstract

- **A case of undiagnosed Addison's disease and successful pregnancy.**
  Author(s): Rumfitt IW.
  Source: The Practitioner. 1977 April; 218(1306): 553-4.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=859801&dopt=Abstract

- **A chronobiological approach to circulating levels of renin, angiotensin-converting enzyme, aldosterone, ACTH, and cortisol in Addison's disease.**
  Author(s): Cugini P, Letizia C, Cerci S, Di Palma L, Battisti P, Coppola A, Scavo D.
  Source: Chronobiology International. 1993 April; 10(2): 119-22.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8388783&dopt=Abstract

- **A clinical and immunological study of adrenocortical insufficiency (Addison's disease).**
  Author(s): Irvine WJ, Stewart AG, Scarth L.
  Source: Clinical and Experimental Immunology. 1967 January; 2(1): 31-70.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5340030&dopt=Abstract

- **A clinical study of Addison's disease.**
  Author(s): De Rosa G, Corsello SM, Cecchini L, Della Casa S, Testa A.
  Source: Exp Clin Endocrinol. 1987 September; 90(2): 232-42.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2828083&dopt=Abstract

- **A conformation-dependent epitope in Addison's disease and other endocrinological autoimmune diseases maps to a carboxyl-terminal functional domain of human steroid 21-hydroxylase.**
  Author(s): Nikoshkov A, Falorni A, Lajic S, Laureti S, Wedell A, Lernmark K, Luthman H.
  Source: Journal of Immunology (Baltimore, Md. : 1950). 1999 February 15; 162(4): 2422-6.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9973524&dopt=Abstract

- **A critical evaluation of signs and symptoms in the diagnosis of Addison's disease.**
  Author(s): Duggal RK, Ramachandran KA.
  Source: J Assoc Physicians India. 2002 August; 50: 1096-7; Author Reply 1097. No Abstract Available.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12421050&dopt=Abstract

- **A cytotoxic T lymphocyte antigen-4 (CTLA-4) gene polymorphism is associated with autoimmune Addison's disease in English patients.**
  Author(s): Kemp EH, Ajjan RA, Husebye ES, Peterson P, Uibo R, Imrie H, Pearce SH, Watson PF, Weetman AP.
  Source: Clinical Endocrinology. 1998 November; 49(5): 609-13.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10197076&dopt=Abstract

- **A murine model of allogeneic adrenocortical cell transplantation: perspectives for the treatment of Addison's disease in humans.**
  Author(s): Ellerkamp V, Musholt TJ, Klebs SH, Musholt PB, Scheumann GF, Klempnauer J, Hoffmann MW.
  Source: Surgery. 2000 December; 128(6): 999-1006.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11114635&dopt=Abstract

- **A patient with autoimmune hepatitis type I, Addison's disease, atrophic thyroiditis, atrophic gastritis, exocrine pancreatic insufficiency, and heterozygous alpha1-antitrypsin deficiency.**
  Author(s): Bergwitz C, Brabant G, Trautwein C, Manns MP.
  Source: The American Journal of Gastroenterology. 2002 April; 97(4): 1050-2.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12003388&dopt=Abstract

- **A pituitary tumour with possible ACTH and TSH hypersecretion in a patient with Addison's disease and primary hypothyroidism.**
  Author(s): Aanderud S, Bassoe HH.
  Source: Acta Endocrinol (Copenh). 1980 October; 95(2): 181-4.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6254305&dopt=Abstract

- **A possible ACTH secreting tumour of the pituitary developing in a conventionally treated case of Addison's disease.**
  Author(s): Himsworth RL, Lewis JG, Rees LH.
  Source: Clinical Endocrinology. 1978 August; 9(2): 131-9.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=212238&dopt=Abstract

- **A study of cadaveric fetal adrenal used for adrenal transplantation to treat Addison's disease: thirteen cases reported.**
  Author(s): Yan ZB, Bing ZX, Yang WR, Long WL.
  Source: Transplantation Proceedings. 1990 February; 22(1): 280-2.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2309329&dopt=Abstract

- **A study of the epitopes on steroid 21-hydroxylase recognized by autoantibodies in patients with or without Addison's disease.**
  Author(s): Volpato M, Prentice L, Chen S, Betterle C, Rees Smith B, Furmaniak J.
  Source: Clinical and Experimental Immunology. 1998 February; 111(2): 422-8.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9486414&dopt=Abstract

- **A successful transplant of embryonic adrenal tissue in a patient with Addison's disease.**
  Author(s): Patino JF, Fenn JE.
  Source: Yale J Biol Med. 1993 January-February; 66(1): 3-10. Erratum In: Yale J Biol Med 1993 July-August; 66(4): Following 337.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8256462&dopt=Abstract

- **Abrupt onset of adrenal crisis during routine preoperative examination in a patient with unknown Addison's disease.**
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  Source: J Pathol Bacteriol. 1968 July; 96(1): 27-32. No Abstract Available.
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  Source: The Journal of Clinical Endocrinology and Metabolism. 1974 July; 39(1): 46-52.
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  Source: Metabolism: Clinical and Experimental. 1967 March; 16(3): 213-21.
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  Author(s): Eadie MJ.
  Source: Proc Aust Assoc Neurol. 1966; 4: 63-7. No Abstract Available.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5966204&dopt=Abstract

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  Author(s): Myhre AG, Bjorses P, Dalen A, Husebye ES.
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  Author(s): Maisey MN, Lessof MH.
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  Author(s): Casson IF, Walker BA, Hipkin LJ.
  Source: Br J Clin Pract. 1990 September; 44(9): 381-2.
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- **Treatment of adrenal insufficiency states including Addison's disease.**
  Author(s): Frawley TF.
  Source: Mod Treat. 1966 November; 3(6): 1328-47. No Abstract Available.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5924156&dopt=Abstract

- **Tuberculous Addison's disease and primary hyperparathyroidism: an unusual combination.**
  Author(s): Janssens JF, Wilms G, Bouillon R.
  Source: Acta Clin Belg. 1988; 43(1): 39-44. No Abstract Available.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3364136&dopt=Abstract

- **Tuberculous Addison's disease and thyrotoxicosis.**
  Author(s): Casten CP, Towne WD.
  Source: Jama : the Journal of the American Medical Association. 1978 May 12; 239(19): 2014-5.
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- **Tuberculous Addison's disease complicated by a recurrent subcutaneous cold abscess during treatment for tuberculosis.**
  Author(s): Yamagishi S, Ohta M.
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  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9789901&dopt=Abstract

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  Author(s): Neill JD, Lapkin RA.
  Source: Conn Med. 1982 May; 46(5): 254-7. No Abstract Available.
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  Author(s): Johnson TL.
  Source: Postgraduate Medicine. 1991 November 1; 90(6): 139-40.
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  Author(s): Villabona CM, Sahun M, Ricart W, Serres X, Maroto A, Fernandez-Real JM, Gomez JM, Soler J.
  Source: European Journal of Radiology. 1993 November; 17(3): 210-3.
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  Author(s): Bhatia E, Jain SK, Gupta RK, Pandey R.
  Source: Clinical Endocrinology. 1998 March; 48(3): 355-9.
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  Author(s): Taube E, Buchanan WM.
  Source: Cent Afr J Med. 1970 May; 16(5): 101-4. No Abstract Available.
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  Author(s): Neufeld M, Maclaren NK, Blizzard RM.
  Source: Medicine; Analytical Reviews of General Medicine, Neurology, Psychiatry, Dermatology, and Pediatrics. 1981 September; 60(5): 355-62. Review.
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- **Unexplained hypertransaminasaemia: a clue to the diagnosis of Addison's disease.**
  Author(s): Roblin X, Phelip JM, Milionis HJ.
  Source: European Journal of Gastroenterology & Hepatology. 2003 August; 15(8): 929; Author Reply 929-30.
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  Author(s): Polsky EG, Polsky MS, Golden DA.
  Source: The Journal of Urology. 2001 June; 165(6 Pt 1): 1982-3.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11371897&dopt=Abstract

- **Unusual acute neurological onset of Addison's disease.**
  Author(s): Spinnler H, Vallar G.
  Source: The Medical Journal of Australia. 1979 April 7; 1(7): 280.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=449786&dopt=Abstract

- **Unusual association of thyroiditis, Addison's disease, ovarian failure and celiac disease in a young woman.**
  Author(s): Valentino R, Savastano S, Tommaselli AP, Dorato M, Scarpitta MT, Gigante M, Lombardi G, Troncone R.
  Source: J Endocrinol Invest. 1999 May; 22(5): 390-4.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10401714&dopt=Abstract

- **Unusual presentation of Addison's disease in Schmidt's syndrome.**
  Author(s): Gaiero A, Mulas R, Zecca S, Fichera G, Cohen A.
  Source: J Pediatr Endocrinol Metab. 2003 June; 16(5): 783-5.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12880129&dopt=Abstract

- **Uses of error: Addison's disease in pregnancy.**
  Author(s): Gradden C, Lawrence D, Doyle PM, Welch CR.
  Source: Lancet. 2001 April 14; 357(9263): 1197.
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  Author(s): Pani MA, Seissler J, Usadel KH, Badenhoop K.
  Source: European Journal of Endocrinology / European Federation of Endocrine Societies. 2002 November; 147(5): 635-40.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12444895&dopt=Abstract

- **Watermelon stomach arising in association with Addison's disease.**
  Author(s): Viiala CH, Kaye JM, Hurley DM, Kaushik SP.
  Source: Journal of Clinical Gastroenterology. 2001 August; 33(2): 173.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11468453&dopt=Abstract

- **What is the diagnosis? Addison's disease caused by tuberculosis.**
  Author(s): Mori Y.
  Source: Ann Nucl Med. 2002 December; 16(8): 582, Front Cover. No Abstract Available.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12593426&dopt=Abstract

- **Where you go depends on where you are. Early investigations on the use of deoxycorticosterone in Addison's disease: a historical vignette.**
  Author(s): Gabrilove JL, Simon BE.
  Source: The Journal of Clinical Endocrinology and Metabolism. 1998 May; 83(5): 1428-30.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9589633&dopt=Abstract

- **White addison's disease: an intrinsic cellular defect.**
  Author(s): Kendereski A, Micic D, Sumarac M, Zoric S, Macut D, Cvijovic G, Skaro-Milic A, Cerovic S.
  Source: J Endocrinol Invest. 2001 April; 24(4): 292-3. No Abstract Available.
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- **White Addison's disease: what is the possible cause?**
  Author(s): Kendereski A, Micic D, Sumarac M, Zoric S, Macut D, Colic M, Skaro-Milic A, Bogdanovic Z.
  Source: J Endocrinol Invest. 1999 May; 22(5): 395-400.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10401715&dopt=Abstract

- **X-linked adrenoleukodystrophy is a frequent cause of idiopathic Addison's disease in young adult male patients.**
  Author(s): Laureti S, Casucci G, Santeusanio F, Angeletti G, Aubourg P, Brunetti P.
  Source: The Journal of Clinical Endocrinology and Metabolism. 1996 February; 81(2): 470-4.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8636252&dopt=Abstract

- **X-linked congenital Addison's disease.**
  Author(s): Wakefield MA, Brown RS.
  Source: Archives of Disease in Childhood. 1981 January; 56(1): 73-4.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7193436&dopt=Abstract

- **X-ray microanalysis of ossified auricles in Addison's disease.**
  Author(s): Cohen AM, Talmi YP, Floru S, Tsigelman R, Kalmanovitz M, Zohar Y, Djaldetti M.
  Source: Calcified Tissue International. 1991 February; 48(2): 88-92.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1901512&dopt=Abstract

# CHAPTER 2. NUTRITION AND ADDISON'S DISEASE

## Overview

In this chapter, we will show you how to find studies dedicated specifically to nutrition and Addison's disease.

## Finding Nutrition Studies on Addison's Disease

The National Institutes of Health's Office of Dietary Supplements (ODS) offers a searchable bibliographic database called the IBIDS (International Bibliographic Information on Dietary Supplements; National Institutes of Health, Building 31, Room 1B29, 31 Center Drive, MSC 2086, Bethesda, Maryland 20892-2086, Tel: 301-435-2920, Fax: 301-480-1845, E-mail: ods@nih.gov). The IBIDS contains over 460,000 scientific citations and summaries about dietary supplements and nutrition as well as references to published international, scientific literature on dietary supplements such as vitamins, minerals, and botanicals.[7] The IBIDS includes references and citations to both human and animal research studies.

As a service of the ODS, access to the IBIDS database is available free of charge at the following Web address: **http://ods.od.nih.gov/databases/ibids.html**. After entering the search area, you have three choices: (1) IBIDS Consumer Database, (2) Full IBIDS Database, or (3) Peer Reviewed Citations Only.

Now that you have selected a database, click on the "Advanced" tab. An advanced search allows you to retrieve up to 100 fully explained references in a comprehensive format. Type "Addison's disease" (or synonyms) into the search box, and click "Go." To narrow the search, you can also select the "Title" field.

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[7] Adapted from **http://ods.od.nih.gov**. IBIDS is produced by the Office of Dietary Supplements (ODS) at the National Institutes of Health to assist the public, healthcare providers, educators, and researchers in locating credible, scientific information on dietary supplements. IBIDS was developed and will be maintained through an interagency partnership with the Food and Nutrition Information Center of the National Agricultural Library, U.S. Department of Agriculture.

The following information is typical of that found when using the "Full IBIDS Database" to search for "Addison's disease" (or a synonym):

- **A high-sensitivity test in the assessment of adrenocortical insufficiency: 10 microg vs 250 microg cosyntropin dose assessment of adrenocortical insufficiency.**
  Author(s): Dr Jose Eleuterio Gonzalez University Hospital, Monterrey Nuevo Leon, Mexico. Sub-Direccion de Investigacion y Estudios de Pos-Grado, Ave Madero y Gonzalitos, Monterrey Nuevo Leon, Apartado Postal 4355-H, Mexico.
  Source: Gonzalez Gonzalez, J G De la Garza Hernandez, N E Mancillas Adame, L G Montes Villarreal, J Villarreal Perez, J Z J-Endocrinol. 1998 November; 159(2): 275-80 0022-0795
- **Acute changes in serum thyrotrophin in treated Addison's disease.**
  Author(s): Department of Clinical Biochemistry, Pinderfields General Hospital, Wakefield, West Yorkshire, UK.
  Source: Ismail, A A Burr, W A Walker, P L Clin-Endocrinol-(Oxf). 1989 March; 30(3): 225-30 0300-0664
- **Addisonian crisis: emergency presentation of primary adrenal insufficiency.**
  Author(s): Division of Emergency Medicine, University of Illinois College of Medicine, Saint Francis Medical Center, Peoria 61637.
  Source: Frederick, R Brown, C Renusch, J Turner, L Ann-Emerg-Med. 1991 July; 20(7): 802-6 0196-0644
- **Addison's disease and corticosteroid-reversible hypothyroidism.**
  Author(s): Istituto di Patologia Medica, Universita di Brescia, Italy.
  Source: Candrina, R Giustina, G J-Endocrinol-Invest. 1987 October; 10(5): 523-6 0391-4097
- **Addison's disease from tuberculosis in a centenarian.**
  Author(s): Department of Medicine, University of Kansas Medical Center, Kansas City.
  Source: Dedon, J F Courtney, D L Holmes, F F J-Am-Geriatr-Soc. 1992 June; 40(6): 618-9 0002-8614
- **Addison's disease presenting as anorexia nervosa in a young man.**
  Author(s): Gastroenterology Unit, Royal Liverpool Hospital, UK.
  Source: Tobin, M V Morris, A I Postgrad-Med-J. 1988 December; 64(758): 953-5 0032-5473
- **Addison's disease secondary to lymphomatous infiltration of the adrenal glands. Recovery of adrenocortical function after chemotherapy.**
  Source: Carey, R W Harris, N Kliman, B Cancer. 1987 March 15; 59(6): 1087-90 0008-543X
- **Addison's disease. How to improve patients' quality of life.**
  Author(s): Oakland Internists Associates, Southfield, MI 48034.
  Source: Stoffer, S S Postgrad-Med. 1993 March; 93(4): 265-6, 271-8 0032-5481
- **Bone mineral density in patients with treated Addison's disease.**
  Author(s): Department of Medicine, University of Auckland, Private Bag, Auckland, New Zealand. g.braatvedt@auckland.ac.nz
  Source: Braatvedt, G D Joyce, M Evans, M Clearwater, J Reid, I R Osteoporos-Int. 1999; 10(6): 435-40 0937-941X
- **Brittle Addison's disease: a new variation on a familiar theme.**
  Author(s): Department of Medicine, University Hospital Aintree, Longmoor Lane, Liverpool L9 7AL, UK.
  Source: Gill, G V Williams, G Postgrad-Med-J. 2000 March; 76(893): 166-7 0032-5473

- **Circulating levels of adrenomedullin in patients with Addison's disease before and after corticosteroid treatment.**
  Author(s): 2nd Department of Internal Medicine, University La Sapienza, Rome, Italy.
  Source: Letizia, C Cerci, S Centanni, M De Toma, G Subioli, S Scuro, L Scavo, D Clin-Endocrinol-(Oxf). 1998 February; 48(2): 145-8 0300-0664
- **Clinical quiz. Addison's disease.**
  Author(s): Division of Paediatric Nephrology, University of Witwatersrand, Johannesburg Hospital, South Africa.
  Source: Meyers, K E Thomson, P D Cartwright, J Pediatr-Nephrol. 1992 September; 6(5): 499-500 0931-041X
- **Clinical significance of adrenal computed tomography in Addison's disease.**
  Author(s): Department of Medicine, Tokyo Women's Medical College, Japan.
  Source: Sun, Z H Nomura, K Toraya, S Ujihara, M Horiba, N Suda, T Tsushima, T Demura, H Kono, A Endocrinol-Jpn. 1992 December; 39(6): 563-9 0013-7219
- **Dehydroepiandrosterone replacement in addison's disease.**
  Author(s): Division of Reproductive Endocrinology and Infertility, Department of Obstetrics and Gynecology, University of Washington, Seattle, WA 98105, USA. medssk@u.washington.edu
  Source: Kim, S S Brody, K H Eur-J-Obstet-Gynecol-Reprod-Biol. 2001 July; 97(1): 96-7 0301-2115
- **Dermatitis herpetiformis and celiac disease associated with Addison's disease.**
  Source: Reunala, T Salmi, J Karvonen, J Arch-Dermatol. 1987 July; 123(7): 930-2 0003-987X
- **Diagnosis and management of Addison's disease.**
  Author(s): Endocrine Unit, Royal Infirmary of Edinburgh.
  Source: Don Wauchope, A C Toft, A D Practitioner. 2000 September; 244(1614): 794-9 0032-6518
- **Effects of fludrocortisone withdrawal on plasma angiotensin II, ACTH, vasopressin, and potassium in patients with Addison's disease.**
  Source: Oelkers, W Bahr, V Acta-Endocrinol-(Copenh). 1987 July; 115(3): 325-30 0001-5598
- **Growth hormone (GH) secretion in primary adrenal insufficiency: effects of cortisol withdrawal and patterned replacement on GH pulsatility and circadian rhythmicity.**
  Author(s): Division of Endocrinology and Metabolism, University of Michigan Medical Center and Department of Veterans Affairs Medical Center, Ann Arbor, Michigan, USA. abarkan@umich.edu
  Source: Barkan, A L DeMott Friberg, R Samuels, M H Pituitary. 2000 November; 3(3): 175-9 1386-341X
- **Hypercalcaemia in Addison's disease: calciotropic hormone profile and bone histology.**
  Author(s): Division of Nephrology and Dialysis, Niguarda-Ca' Granda Hospital, Milan, Italy.
  Source: Montoli, A Colussi, G Minetti, L J-Intern-Med. 1992 December; 232(6): 535-40 0954-6820
- **Improvement in mood and fatigue after dehydroepiandrosterone replacement in Addison's disease in a randomized, double blind trial.**
  Author(s): Department of Endocrinology, University of Oxford, Radcliffe Infirmary, Oxford, United Kingdom.

Source: Hunt, P J Gurnell, E M Huppert, F A Richards, C Prevost, A T Wass, J A Herbert, J Chatterjee, V K J-Clin-Endocrinol-Metab. 2000 December; 85(12): 4650-6 0021-972X

- **Index of suspicion. Case 3. Diagnosis: Acute primary adrenal insufficiency.**
  Author(s): The University of Michigan Health System, Ann Arbor, MI, USA.
  Source: Brenner, K Frohna, J G Pediatr-Revolume 2001 July; 22(7): 245-50 1526-3347

- **Intractable hiccups--an early feature of Addison's disease.**
  Author(s): Arrowe Park Hospital, Upton, Wirral, UK.
  Source: Hardo, P G Postgrad-Med-J. 1989 December; 65(770): 918-9 0032-5473

- **Liquorice, growth retardation and Addison's disease.**
  Author(s): Department of Endocrinology, Vestische Kinderklinik Datteln, University of Witten-Herdecke, Germany. Beate_Maria_Doeker@yahoo.com
  Source: Doeker, B M Andler, W Horm-Res. 1999; 52(5): 253-5 0301-0163

- **Lithium treatment of a patient with Addison's disease and affective psychosis.**
  Author(s): Psychiatric Hospital, University of Munster, FRG.
  Source: Schulze Monking, H Pharmacopsychiatry. 1989 March; 22(2): 84-6 0176-3679

- **Loperamide modifies but does not block the corticotropin-releasing hormone-induced ACTH response in patients with Addison's disease.**
  Author(s): Chair of Endocrinology, University of Milano, Italy.
  Source: Ambrosi, B Bochicchio, D Colombo, P Ferrario, R Faglia, G Horm-Metab-Res-Suppl. 1987; 1674-5 0170-5903

- **Low dose (1 microg) ACTH test in the evaluation of adrenal dysfunction in pre-clinical Addison's disease.**
  Author(s): Department of Internal Medicine and Endocrine & Metabolic Sciences, University of Perugia, Italy. laureti@dimisem.med.unipg.it
  Source: Laureti, S Arvat, E Candeloro, P Di Vito, L Ghigo, E Santeusanio, F Falorni, A Clin-Endocrinol-(Oxf). 2000 July; 53(1): 107-15 0300-0664

- **Mania in association with hydrocortisone replacement for Addison's disease.**
  Author(s): Department of Endocrinology, St Bartholomew's Hospital, London, UK.
  Source: Ur, E Turner, T H Goodwin, T J Grossman, A Besser, G M Postgrad-Med-J. 1992 January; 68(795): 41-3 0032-5473

- **Mineralocorticoids in the management of primary adrenocortical insufficiency.**
  Author(s): Department of Nephrology, University Clinics St-Luc, University of Louvain Medical School, Brussels, Belgium.
  Source: Jadoul, M Ferrant, A De Plaen, J F Crabbe, J J-Endocrinol-Invest. 1991 February; 14(2): 87-91 0391-4097

- **Oedema in patients with Addison's disease on replacement therapy: glucocorticoid excess and mineralocorticoid deficiency?**
  Author(s): Department of Vascular Medicine, Postgraduate Medical School, Royal Devon and Exeter Hospital, UK.
  Source: Flynn, M D Shore, A C Sandeman, D E Mawson, D Donohoe, M Tooke, J E QJM. 1994 July; 87(7): 437-41 1460-2725

- **Oral dehydroepiandrosterone (DHEA) replacement therapy in women with Addison's disease.**
  Author(s): Departments of Medicine, University Hospital, Uppsala, Sweden. gennet.gebre-medhin@medicin.uu.se
  Source: Gebre Medhin, G Husebye, E S Mallmin, H Helstrom, L Berne, C Karlsson, F A Kampe, O Clin-Endocrinol-(Oxf). 2000 June; 52(6): 775-80 0300-0664

- **Pitfalls in the management of acute adrenocortical insufficiency: discussion paper.**
  Author(s): Department of Clinical Biochemistry, Hope Hospital, University of Manchester School of Medicine, Salford.
  Source: Waise, A Young, R J J-R-Soc-Med. 1989 December; 82(12): 741-2 0141-0768
- **Pituitary enlargement associated with Addison's disease.**
  Source: Mineura, K Goto, T Yoneya, M Kowada, M Tamakawa, Y Kagaya, H Clin-Radiol. 1987 July; 38(4): 435-7 0009-9260
- **Possible mechanisms to explain the absence of hyperkalaemia in Addison's disease.**
  Author(s): Renal Division, Montreal General Hospital, McGill University, Montreal, Quebec, Canada.
  Source: Gagnon, R F Halperin, M L Nephrol-Dial-Transplant. 2001 June; 16(6): 1280-4 0931-0509
- **Quality of life in Addison's disease--the case for DHEA replacement.**
  Author(s): Department of Medicine, Endocrine and Diabetes Unit, University of Wuerzburg, Josef-Schneider-Strasse 2, 97080 Wuerzburg, Germany. w.arlt@medizin.uni-wuerzburg.de
  Source: Arlt, Wiebke Clin-Endocrinol-(Oxf). 2002 May; 56(5): 573-4 0300-0664
- **Quality of life in patients with Addison's disease: effects of different cortisol replacement modes.**
  Author(s): Abt. Klin. Endokrinologie, Medizinische Hochschule, Hannover/Germany.
  Source: Riedel, M Wiese, A Schurmeyer, T H Brabant, G Exp-Clin-Endocrinol. 1993; 101(2): 106-11 0232-7384
- **Regression of cardiac abnormalities after replacement therapy in Addison's disease.**
  Author(s): Division of Endocrinology, Institute of Semeiotica Medica, University of Padova, Padova, Italy.
  Source: Fallo, F Betterle, C Budano, S Lupia, M Boscaro, M Sonino, N Eur-J-Endocrinol. 1999 May; 140(5): 425-8 0804-4643
- **Respiratory muscle weakness in Addison's disease.**
  Author(s): Department of Respiratory Muscle Physiology, Brompton Hospital, London.
  Source: Mier, A Laroche, C Wass, J Green, M BMJ. 1988 August 13; 297(6646): 457-8 0959-8138
- **Reversible cardiomyopathy in a child with Addison's disease.**
  Author(s): Department of Pediatrics, Lucile Salter Packard Children's Hospital at Stanford, Palo Alto, CA 94304-0129, USA.
  Source: Derish, M Eckert, K Chin, C Intensive-Care-Med. 1996 May; 22(5): 460-3 0342-4642
- **Spontaneous intracerebral hemorrhage revealing Addison's disease.**
  Author(s): Service d'Urgences Cerebrovasculaires, Hopital Neurologique, Lyon, France.
  Source: Derex, L Giraud, P Hanss, M Riche, H Nighoghossian, N Trouillas, P Cerebrovasc-Dis. 1998 Jul-August; 8(4): 240-3 1015-9770
- **Subjective health status in Norwegian patients with Addison's disease.**
  Author(s): Division of Endocrinology, Institute of Medicine, Haukeland University Hospital, N-5021 Bergen, Norway. kristian.lovas@haukeland.no
  Source: Lovas, Kristian Loge, Jon Havard Husebye, Eystein S Clin-Endocrinol-(Oxf). 2002 May; 56(5): 581-8 0300-0664

- **Successful treatment of high turnover osteoporosis in a patient with adrenocortical insufficiency.**
  Author(s): Department of Rheumatology, Vienna General Hospital, University of Vienna, Austria.
  Source: Aringer, M Vierhapper, H Graninger, M T Bernecker, P Smolen, J S Pietschmann, P Wien-Klin-Wochenschr. 2000 April 7; 112(7): 334-7 0043-5325
- **The effect of low-dose naloxone infusion on plasma ACTH and LH in patients with Cushing's and Addison's diseases.**
  Author(s): Department of Medicine, Faculty of Medicine, Ribeirao Preto, Sao Paulo, Brazil.
  Source: Moreira, A C Foss, M C Iazigi, N Verissimo, J M Horm-Metab-Res. 1988 April; 20(4): 230-4 0018-5043
- **The effect of sodium valproate in Cushing's disease, Nelson's syndrome and Addison's disease.**
  Author(s): II. Medizinische Universitatsklinik, Koln-Merheim.
  Source: Reincke, M Allolio, B Kaulen, D Jaursch Hancke, C Winkelmann, W Klin-Wochenschr. 1988 August 1; 66(15): 686-9 0023-2173
- **Tuberculous Addison's disease and primary hyperparathyroidism: an unusual combination.**
  Source: Janssens, J F Wilms, G Bouillon, R Acta-Clin-Belg. 1988; 43(1): 39-44 0001-5512
- **Unusual association of thyroiditis, Addison's disease, ovarian failure and celiac disease in a young woman.**
  Author(s): Centro di Endocrinologia e Oncologia Sperimentale del CNR, Dipartimento di Biologia e Patologia Cellulare e Molecolare L. Califano, Italy.
  Source: Valentino, R Savastano, S Tommaselli, A P Dorato, M Scarpitta, M T Gigante, M Lombardi, G Troncone, R J-Endocrinol-Invest. 1999 May; 22(5): 390-4 0391-4097
- **Vitamin D receptor genotype is associated with Addison's disease.**
  Author(s): Department of Internal Medicine I, Division of Endocrinology, University Hospital Frankfurt, Theodor-Stern-Kai 7, D-60596 Frankfurt am Main, Germany.
  Source: Pani, M A Seissler, J Usadel, K H Badenhoop, K Eur-J-Endocrinol. 2002 November; 147(5): 635-40 0804-4643

## Federal Resources on Nutrition

In addition to the IBIDS, the United States Department of Health and Human Services (HHS) and the United States Department of Agriculture (USDA) provide many sources of information on general nutrition and health. Recommended resources include:

- healthfinder®, HHS's gateway to health information, including diet and nutrition: **http://www.healthfinder.gov/scripts/SearchContext.asp?topic=238&page=0**
- The United States Department of Agriculture's Web site dedicated to nutrition information: **www.nutrition.gov**
- The Food and Drug Administration's Web site for federal food safety information: **www.foodsafety.gov**
- The National Action Plan on Overweight and Obesity sponsored by the United States Surgeon General: **http://www.surgeongeneral.gov/topics/obesity/**

- The Center for Food Safety and Applied Nutrition has an Internet site sponsored by the Food and Drug Administration and the Department of Health and Human Services: **http://vm.cfsan.fda.gov/**
- Center for Nutrition Policy and Promotion sponsored by the United States Department of Agriculture: **http://www.usda.gov/cnpp/**
- Food and Nutrition Information Center, National Agricultural Library sponsored by the United States Department of Agriculture: **http://www.nal.usda.gov/fnic/**
- Food and Nutrition Service sponsored by the United States Department of Agriculture: **http://www.fns.usda.gov/fns/**

## Additional Web Resources

A number of additional Web sites offer encyclopedic information covering food and nutrition. The following is a representative sample:

- AOL: **http://search.aol.com/cat.adp?id=174&layer=&from=subcats**
- Family Village: **http://www.familyvillage.wisc.edu/med_nutrition.html**
- Google: **http://directory.google.com/Top/Health/Nutrition/**
- Healthnotes: **http://www.healthnotes.com/**
- Open Directory Project: **http://dmoz.org/Health/Nutrition/**
- Yahoo.com: **http://dir.yahoo.com/Health/Nutrition/**
- WebMD®Health: **http://my.webmd.com/nutrition**
- WholeHealthMD.com: **http://www.wholehealthmd.com/reflib/0,1529,00.html**

# CHAPTER 3. ALTERNATIVE MEDICINE AND ADDISON'S DISEASE

## Overview

In this chapter, we will begin by introducing you to official information sources on complementary and alternative medicine (CAM) relating to Addison's disease. At the conclusion of this chapter, we will provide additional sources.

## National Center for Complementary and Alternative Medicine

The National Center for Complementary and Alternative Medicine (NCCAM) of the National Institutes of Health (**http://nccam.nih.gov/**) has created a link to the National Library of Medicine's databases to facilitate research for articles that specifically relate to Addison's disease and complementary medicine. To search the database, go to the following Web site: **http://www.nlm.nih.gov/nccam/camonpubmed.html**. Select "CAM on PubMed." Enter "Addison's disease" (or synonyms) into the search box. Click "Go." The following references provide information on particular aspects of complementary and alternative medicine that are related to Addison's disease:

- **Adrenal insufficiency.**
  Author(s): Kenward D, White KG; Addison's Disease Self-Help Group.
  Source: Lancet. 2003 August 16; 362(9383): 579-80.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12932402&dopt=Abstract

- **Bilateral adrenal lymphoma with neoplastic angioendotheliosis.**
  Author(s): Kubo M, Koga M, Fujii T, Kaneko T, Yamashita K, Kokubu T.
  Source: Intern Med. 1997 January; 36(1): 47-52.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9058101&dopt=Abstract

- **Conversion reaction. Differential diagnoses in the light of biofeedback research.**
  Author(s): Barr R, Abernethy V.

Source: The Journal of Nervous and Mental Disease. 1977 April; 164(4): 287-92.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=845599&dopt=Abstract

- **Glycyrrhizophilia.**
  Author(s): Baron JH.
  Source: Lancet. 1973 February 17; 1(7799): 383.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4121988&dopt=Abstract

- **Heimia salicifolia: a phytochemical and phytopharmacologic review.**
  Author(s): Malone MH, Rother A.
  Source: Journal of Ethnopharmacology. 1994 May; 42(3): 135-59. Review.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=7934084&dopt=Abstract

- **Liquorice and Addison's disease.**
  Author(s): Ross EJ.
  Source: British Medical Journal. 1970 June 20; 2(711): 733.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=5429668&dopt=Abstract

- **Liquorice, growth retardation and Addison's disease.**
  Author(s): Doeker BM, Andler W.
  Source: Hormone Research. 1999; 52(5): 253-5.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10844416&dopt=Abstract

- **Localized non-Hodgkin's lymphoma of the adrenal and thyroid glands.**
  Author(s): Baskal N, Erdogan G, Kamel AN, Dagci SS, Akyar S, Ekinci C.
  Source: Endocrinol Jpn. 1992 June; 39(3): 269-76. Review.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1385105&dopt=Abstract

- **Measurement of plasma renin-substrate in man.**
  Author(s): Tree M.
  Source: The Journal of Endocrinology. 1973 February; 56(2): 159-71.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4122175&dopt=Abstract

- **Oh for a suntan!**
  Author(s): Quail G.
  Source: Aust Fam Physician. 1991 September; 20(9): 1341. No Abstract Available.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1953479&dopt=Abstract

- **Plasma 11-hydroxycorticoid levels after carbenoxolone sodium.**
  Author(s): Mattingly D, Tyler C, Bilton E.

Source: British Medical Journal. 1970 August 29; 3(721): 498-500.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4318278&dopt=Abstract

- **Primary adrenal lymphoma associated with adrenal insufficiency: a distinct clinical entity.**
  Author(s): Pimentel M, Johnston JB, Allan DR, Greenberg H, Bernstein CN.
  Source: Leukemia & Lymphoma. 1997 January; 24(3-4): 363-7. Review.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9156667&dopt=Abstract

- **Self-medication with liquorice in a patient with Addison's disease.**
  Author(s): Cotterill JA, Cunliffe WJ.
  Source: Lancet. 1973 February 10; 1(7798): 294-5.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=4119173&dopt=Abstract

- **Suppression of electroacupuncture(EA)-induced beta-endorphin and ACTH release by hydrocortisone in man. Absence of effects on EA-induced anaesthesia.**
  Author(s): Masala A, Satta G, Alagna S, Zolo TA, Rovasio PP, Rassu S.
  Source: Acta Endocrinol (Copenh). 1983 August; 103(4): 469-72.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6310920&dopt=Abstract

- **Taste thresholds in hyper- and hypothyroidism.**
  Author(s): Pittman JA, Beschi RJ.
  Source: The Journal of Clinical Endocrinology and Metabolism. 1967 June; 27(6): 895-6.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=6026367&dopt=Abstract

- **The emergence of endocrinology.**
  Author(s): Welbourn RB.
  Source: Gesnerus. 1992; 49 Pt 2: 137-50.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1398153&dopt=Abstract

- **The therapeutic ways for chronic liver diseases accompanied by diseases of the endocrine and mammary glands.**
  Author(s): Wang Q, Xu H, Shi J.
  Source: J Tradit Chin Med. 2000 December; 20(4): 307-13. No Abstract Available.
  http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11263290&dopt=Abstract

## Additional Web Resources

A number of additional Web sites offer encyclopedic information covering CAM and related topics. The following is a representative sample:

- Alternative Medicine Foundation, Inc.: **http://www.herbmed.org/**

- AOL: **http://search.aol.com/cat.adp?id=169&layer=&from=subcats**
- Chinese Medicine: **http://www.newcenturynutrition.com/**
- drkoop.com®: **http://www.drkoop.com/InteractiveMedicine/IndexC.html**
- Family Village: **http://www.familyvillage.wisc.edu/med_altn.htm**
- Google: **http://directory.google.com/Top/Health/Alternative/**
- Healthnotes: **http://www.healthnotes.com/**
- MedWebPlus: **http://medwebplus.com/subject/Alternative_and_Complementary_Medicine**
- Open Directory Project: **http://dmoz.org/Health/Alternative/**
- HealthGate: **http://www.tnp.com/**
- WebMD®Health: **http://my.webmd.com/drugs_and_herbs**
- WholeHealthMD.com: **http://www.wholehealthmd.com/reflib/0,1529,00.html**
- Yahoo.com: **http://dir.yahoo.com/Health/Alternative_Medicine/**

The following is a specific Web list relating to Addison's disease; please note that any particular subject below may indicate either a therapeutic use, or a contraindication (potential danger), and does not reflect an official recommendation:

- **General Overview**

  **Diabetes Mellitus**
  Source: Integrative Medicine Communications; www.drkoop.com

  **Hyperkalemia**
  Source: Integrative Medicine Communications; www.drkoop.com

  **Vitiligo**
  Source: Healthnotes, Inc.; www.healthnotes.com

- **Herbs and Supplements**

  **Dehydroepiandrosterone (dhea)**
  Source: Healthnotes, Inc.; www.healthnotes.com

  **Glycyrrhiza Glabra**
  Source: Integrative Medicine Communications; www.drkoop.com

  **Glycyrrhiza1**
  Alternative names: Licorice; Glycyrrhiza glabra L.
  Source: Alternative Medicine Foundation, Inc.; www.amfoundation.org

  **Licorice**
  Alternative names: Glycyrrhiza glabra, Spanish Licorice
  Source: Integrative Medicine Communications; www.drkoop.com

**Spanish Licorice**
Source: Integrative Medicine Communications; www.drkoop.com

## General References

A good place to find general background information on CAM is the National Library of Medicine. It has prepared within the MEDLINEplus system an information topic page dedicated to complementary and alternative medicine. To access this page, go to the MEDLINEplus site at **http://www.nlm.nih.gov/medlineplus/alternativemedicine.html**. This Web site provides a general overview of various topics and can lead to a number of general sources.

# CHAPTER 4. BOOKS ON ADDISON'S DISEASE

## Overview

This chapter provides bibliographic book references relating to Addison's disease. In addition to online booksellers such as **www.amazon.com** and **www.bn.com**, excellent sources for book titles on Addison's disease include the Combined Health Information Database and the National Library of Medicine. Your local medical library also may have these titles available for loan.

## Book Summaries: Online Booksellers

Commercial Internet-based booksellers, such as Amazon.com and Barnes&Noble.com, offer summaries which have been supplied by each title's publisher. Some summaries also include customer reviews. Your local bookseller may have access to in-house and commercial databases that index all published books (e.g. Books in Print®). **IMPORTANT NOTE:** Online booksellers typically produce search results for medical and non-medical books. When searching for "Addison's disease" at online booksellers' Web sites, you may discover non-medical books that use the generic term "Addison's disease" (or a synonym) in their titles. The following is indicative of the results you might find when searching for "Addison's disease" (sorted alphabetically by title; follow the hyperlink to view more details at Amazon.com):

- **Autoantigens in Addison's Disease** by Ola Winqvist; ISBN: 9155434029; http://www.amazon.com/exec/obidos/ASIN/9155434029/icongroupinterna
- **Immunological studies on Addison's disease** by Erkki Heinonen; ISBN: 9514405056; http://www.amazon.com/exec/obidos/ASIN/9514405056/icongroupinterna
- **Organ-Specific Autoantibodies in Addison's Disease & Autoimmune Polyendocrine Syndrome Type I (Comprehensive Summaries of Uppsala Dissertations from the Faculty of mediciNe, 944)** by Annika Soderbergh (2000); ISBN: 9155447791; http://www.amazon.com/exec/obidos/ASIN/9155447791/icongroupinterna
- **The Official Patient's Sourcebook on Addison's Disease: A Revised and Updated Directory for the Internet Age** by Icon Health Publications; ISBN: 0597833761; http://www.amazon.com/exec/obidos/ASIN/0597833761/icongroupinterna

## The National Library of Medicine Book Index

The National Library of Medicine at the National Institutes of Health has a massive database of books published on healthcare and biomedicine. Go to the following Internet site, **http://locatorplus.gov/**, and then select "Search LOCATORplus." Once you are in the search area, simply type "Addison's disease" (or synonyms) into the search box, and select "books only." From there, results can be sorted by publication date, author, or relevance. The following was recently catalogued by the National Library of Medicine:[8]

- **A clinical study of Addison's disease, by Leonard G. Rowntree. and Albert M. Snell.** Author: Rowntree, Leonard George,; Year: 1974; Philadelphia and London, W. B. Saunders company, 1931
- **A study of sodium, chloride and potassium in the blood plasma and urine of patients with Addison's disease.** Author: Cutler, Haydn Harrison,; Year: 1929; [Minneapolis] 1938
- **Addison's disease: a review of some clinical, pathological and immunological features** Author: Nerup, Jørn.; Year: 1973; København: Møllers, [1974?]
- **Effect of desoxycorticosterone acetate and 17-hydroxy-11-dehydrocorticosterone on the insulin sensitivity of patients with Addison's disease.** Author: Hampton, Hiram Phillip,; Year: 1953; [Minneapolis] 1941
- **Electrolyte balance studies in Addison's disease: I. The renal excretion of electrolytes. II. The therapeutic efficacy of an extract of the adrenal cortex.** Author: Willson, Donald Maclean,; Year: 1952; [Minneapolis, Minn.] 1940
- **Metabolic effects of testosterone propionate in Addison's disease.** Author: Cluxton, Harley E.; Year: 1931; [Minneapolis] 1949
- **On Addison's disease.** Author: Greenhow, Edward Headlam,; Year: 1953; London, Longmans, Green, 1875
- **On Addison's disease; clinical lectures on Addison's disease and a report on diseases of the supra-renal capsules.** Author: Greenhow, Edward Headlam,; Year: 1939; London, Roche, 1866
- **Roentgenographic evidence of calcification in the suprarenal area in Addison's disease, with a report of four cases.** Author: Ball, Ralph G.; Year: 1949; [Minneapolis] 1931
- **The pathologic anatomy and histopathology of the adrenal glands in Addison's disease.** Author: McNeill, James Ian,; Year: 1963; [Minneapolis] 1952
- **The specificity of the "water test" as a diagnostic procedure in Addison's disease.** Author: Levy, Marvin Shepard,; Year: 1941; [Minneapolis] 1945
- **Vitamin C in Addison's disease.** Author: Jenovese, Joseph Francis,; Year: 1949; [Minneapolis] 1939

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[8] In addition to LOCATORPlus, in collaboration with authors and publishers, the National Center for Biotechnology Information (NCBI) is currently adapting biomedical books for the Web. The books may be accessed in two ways: (1) by searching directly using any search term or phrase (in the same way as the bibliographic database PubMed), or (2) by following the links to PubMed abstracts. Each PubMed abstract has a "Books" button that displays a facsimile of the abstract in which some phrases are hypertext links. These phrases are also found in the books available at NCBI. Click on hyperlinked results in the list of books in which the phrase is found. Currently, the majority of the links are between the books and PubMed. In the future, more links will be created between the books and other types of information, such as gene and protein sequences and macromolecular structures. See **http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=Books**.

## Chapters on Addison's Disease

In order to find chapters that specifically relate to Addison's disease, an excellent source of abstracts is the Combined Health Information Database. You will need to limit your search to book chapters and Addison's disease using the "Detailed Search" option. Go to the following hyperlink: **http://chid.nih.gov/detail/detail.html**. To find book chapters, use the drop boxes at the bottom of the search page where "You may refine your search by." Select the dates and language you prefer, and the format option "Book Chapter." Type "Addison's disease" (or synonyms) into the "For these words:" box. The following is a typical result when searching for book chapters on Addison's disease:

- **Metabolic and Endocrine Disorders**

  Source: in Grundy, M.C.; Shaw, L.; and Hamilton, D.V. Illustrated Guide to Dental Care for the Medically Compromised Patient. St. Louis, MO: Mosby-Year Book, Inc. 1993. p. 51-59.

  Contact: Available from Mosby-Year Book, Inc. 11830 Westline Industrial Drive, St. Louis, MO 63146-9934. (800) 426-4545 or (314) 872-8370; Fax (800) 535-9935 or (314) 432-1380; E-mail: customer.support@mosby.com; http://www.mosby.com. PRICE: $24.95 plus shipping and handling. ISBN: 0815140223.

  Summary: This chapter, from an illustrated guide to dental care for medically compromised patients, discusses metabolic and endocrine disorders. The chapter's topics include diabetes mellitus (insulin-dependent and noninsulin-dependent), including hypoglycemia and hyperglycemia; phenylketonuria; adrenocortical diseases; **Addison's disease,** including secondary adrenal insufficiency and Cushing's syndrome; thyroid disorders, including hyperthyroidism and hypothyroidism; and parathyroid disorders. For each condition, the authors provide a brief description, the components of medical management, and suggestions for dental care. Illustrations, including photographs, are included. 5 figures.

# APPENDICES

# APPENDIX A. PHYSICIAN RESOURCES

## Overview

In this chapter, we focus on databases and Internet-based guidelines and information resources created or written for a professional audience.

## NIH Guidelines

Commonly referred to as "clinical" or "professional" guidelines, the National Institutes of Health publish physician guidelines for the most common diseases. Publications are available at the following by relevant Institute[9]:

- Office of the Director (OD); guidelines consolidated across agencies available at **http://www.nih.gov/health/consumer/conkey.htm**
- National Institute of General Medical Sciences (NIGMS); fact sheets available at **http://www.nigms.nih.gov/news/facts/**
- National Library of Medicine (NLM); extensive encyclopedia (A.D.A.M., Inc.) with guidelines: **http://www.nlm.nih.gov/medlineplus/healthtopics.html**
- National Cancer Institute (NCI); guidelines available at **http://www.cancer.gov/cancerinfo/list.aspx?viewid=5f35036e-5497-4d86-8c2c-714a9f7c8d25**
- National Eye Institute (NEI); guidelines available at **http://www.nei.nih.gov/order/index.htm**
- National Heart, Lung, and Blood Institute (NHLBI); guidelines available at **http://www.nhlbi.nih.gov/guidelines/index.htm**
- National Human Genome Research Institute (NHGRI); research available at **http://www.genome.gov/page.cfm?pageID=10000375**
- National Institute on Aging (NIA); guidelines available at **http://www.nia.nih.gov/health/**

[9] These publications are typically written by one or more of the various NIH Institutes.

- National Institute on Alcohol Abuse and Alcoholism (NIAAA); guidelines available at **http://www.niaaa.nih.gov/publications/publications.htm**
- National Institute of Allergy and Infectious Diseases (NIAID); guidelines available at **http://www.niaid.nih.gov/publications/**
- National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS); fact sheets and guidelines available at **http://www.niams.nih.gov/hi/index.htm**
- National Institute of Child Health and Human Development (NICHD); guidelines available at **http://www.nichd.nih.gov/publications/pubskey.cfm**
- National Institute on Deafness and Other Communication Disorders (NIDCD); fact sheets and guidelines at **http://www.nidcd.nih.gov/health/**
- National Institute of Dental and Craniofacial Research (NIDCR); guidelines available at **http://www.nidr.nih.gov/health/**
- National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK); guidelines available at **http://www.niddk.nih.gov/health/health.htm**
- National Institute on Drug Abuse (NIDA); guidelines available at **http://www.nida.nih.gov/DrugAbuse.html**
- National Institute of Environmental Health Sciences (NIEHS); environmental health information available at **http://www.niehs.nih.gov/external/facts.htm**
- National Institute of Mental Health (NIMH); guidelines available at **http://www.nimh.nih.gov/practitioners/index.cfm**
- National Institute of Neurological Disorders and Stroke (NINDS); neurological disorder information pages available at **http://www.ninds.nih.gov/health_and_medical/disorder_index.htm**
- National Institute of Nursing Research (NINR); publications on selected illnesses at **http://www.nih.gov/ninr/news-info/publications.html**
- National Institute of Biomedical Imaging and Bioengineering; general information at **http://grants.nih.gov/grants/becon/becon_info.htm**
- Center for Information Technology (CIT); referrals to other agencies based on keyword searches available at **http://kb.nih.gov/www_query_main.asp**
- National Center for Complementary and Alternative Medicine (NCCAM); health information available at **http://nccam.nih.gov/health/**
- National Center for Research Resources (NCRR); various information directories available at **http://www.ncrr.nih.gov/publications.asp**
- Office of Rare Diseases; various fact sheets available at **http://rarediseases.info.nih.gov/html/resources/rep_pubs.html**
- Centers for Disease Control and Prevention; various fact sheets on infectious diseases available at **http://www.cdc.gov/publications.htm**

## NIH Databases

In addition to the various Institutes of Health that publish professional guidelines, the NIH has designed a number of databases for professionals.[10] Physician-oriented resources provide a wide variety of information related to the biomedical and health sciences, both past and present. The format of these resources varies. Searchable databases, bibliographic citations, full-text articles (when available), archival collections, and images are all available. The following are referenced by the National Library of Medicine:[11]

- **Bioethics:** Access to published literature on the ethical, legal, and public policy issues surrounding healthcare and biomedical research. This information is provided in conjunction with the Kennedy Institute of Ethics located at Georgetown University, Washington, D.C.: **http://www.nlm.nih.gov/databases/databases_bioethics.html**
- **HIV/AIDS Resources:** Describes various links and databases dedicated to HIV/AIDS research: **http://www.nlm.nih.gov/pubs/factsheets/aidsinfs.html**
- **NLM Online Exhibitions:** Describes "Exhibitions in the History of Medicine": **http://www.nlm.nih.gov/exhibition/exhibition.html**. Additional resources for historical scholarship in medicine: **http://www.nlm.nih.gov/hmd/hmd.html**
- **Biotechnology Information:** Access to public databases. The National Center for Biotechnology Information conducts research in computational biology, develops software tools for analyzing genome data, and disseminates biomedical information for the better understanding of molecular processes affecting human health and disease: **http://www.ncbi.nlm.nih.gov/**
- **Population Information:** The National Library of Medicine provides access to worldwide coverage of population, family planning, and related health issues, including family planning technology and programs, fertility, and population law and policy: **http://www.nlm.nih.gov/databases/databases_population.html**
- **Cancer Information:** Access to cancer-oriented databases: **http://www.nlm.nih.gov/databases/databases_cancer.html**
- **Profiles in Science:** Offering the archival collections of prominent twentieth-century biomedical scientists to the public through modern digital technology: **http://www.profiles.nlm.nih.gov/**
- **Chemical Information:** Provides links to various chemical databases and references: **http://sis.nlm.nih.gov/Chem/ChemMain.html**
- **Clinical Alerts:** Reports the release of findings from the NIH-funded clinical trials where such release could significantly affect morbidity and mortality: **http://www.nlm.nih.gov/databases/alerts/clinical_alerts.html**
- **Space Life Sciences:** Provides links and information to space-based research (including NASA): **http://www.nlm.nih.gov/databases/databases_space.html**
- **MEDLINE:** Bibliographic database covering the fields of medicine, nursing, dentistry, veterinary medicine, the healthcare system, and the pre-clinical sciences: **http://www.nlm.nih.gov/databases/databases_medline.html**

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[10] Remember, for the general public, the National Library of Medicine recommends the databases referenced in MEDLINE*plus* (**http://medlineplus.gov/** or **http://www.nlm.nih.gov/medlineplus/databases.html**).

[11] See **http://www.nlm.nih.gov/databases/databases.html**.

- **Toxicology and Environmental Health Information (TOXNET):** Databases covering toxicology and environmental health: **http://sis.nlm.nih.gov/Tox/ToxMain.html**
- **Visible Human Interface:** Anatomically detailed, three-dimensional representations of normal male and female human bodies: **http://www.nlm.nih.gov/research/visible/visible_human.html**

### The Combined Health Information Database

A comprehensive source of information on clinical guidelines written for professionals is the Combined Health Information Database. You will need to limit your search to one of the following: Brochure/Pamphlet, Fact Sheet, or Information Package, and "Addison's disease" using the "Detailed Search" option. Go directly to the following hyperlink: **http://chid.nih.gov/detail/detail.html**. To find associations, use the drop boxes at the bottom of the search page where "You may refine your search by." For the publication date, select "All Years." Select your preferred language and the format option "Fact Sheet." Type "Addison's disease" (or synonyms) into the "For these words:" box. The following is a sample result:

- **Metabolic and Endocrine Disorders**

  Source: in Grundy, M.C.; Shaw, L.; and Hamilton, D.V. Illustrated Guide to Dental Care for the Medically Compromised Patient. St. Louis, MO: Mosby-Year Book, Inc. 1993. p. 51-59.

  Contact: Available from Mosby-Year Book, Inc. 11830 Westline Industrial Drive, St. Louis, MO 63146-9934. (800) 426-4545 or (314) 872-8370; Fax (800) 535-9935 or (314) 432-1380; E-mail: customer.support@mosby.com; http://www.mosby.com. PRICE: $24.95 plus shipping and handling. ISBN: 0815140223.

  Summary: This chapter, from an illustrated guide to dental care for medically compromised patients, discusses metabolic and endocrine disorders. The chapter's topics include diabetes mellitus (insulin-dependent and noninsulin-dependent), including hypoglycemia and hyperglycemia; phenylketonuria; adrenocortical diseases; **Addison's disease,** including secondary adrenal insufficiency and Cushing's syndrome; thyroid disorders, including hyperthyroidism and hypothyroidism; and parathyroid disorders. For each condition, the authors provide a brief description, the components of medical management, and suggestions for dental care. Illustrations, including photographs, are included. 5 figures.

### The NLM Gateway[12]

The NLM (National Library of Medicine) Gateway is a Web-based system that lets users search simultaneously in multiple retrieval systems at the U.S. National Library of Medicine (NLM). It allows users of NLM services to initiate searches from one Web interface, providing one-stop searching for many of NLM's information resources or databases.[13] To use the NLM Gateway, simply go to the search site at **http://gateway.nlm.nih.gov/gw/Cmd**. Type "Addison's disease" (or synonyms) into the search box and click "Search." The results

[12] Adapted from NLM: **http://gateway.nlm.nih.gov/gw/Cmd?Overview.x**.

[13] The NLM Gateway is currently being developed by the Lister Hill National Center for Biomedical Communications (LHNCBC) at the National Library of Medicine (NLM) of the National Institutes of Health (NIH).

will be presented in a tabular form, indicating the number of references in each database category.

**Results Summary**

| Category | Items Found |
|---|---|
| Journal Articles | 3265 |
| Books / Periodicals / Audio Visual | 44 |
| Consumer Health | 734 |
| Meeting Abstracts | 0 |
| Other Collections | 0 |
| Total | 4043 |

### HSTAT[14]

HSTAT is a free, Web-based resource that provides access to full-text documents used in healthcare decision-making.[15] These documents include clinical practice guidelines, quick-reference guides for clinicians, consumer health brochures, evidence reports and technology assessments from the Agency for Healthcare Research and Quality (AHRQ), as well as AHRQ's Put Prevention Into Practice.[16] Simply search by "Addison's disease" (or synonyms) at the following Web site: **http://text.nlm.nih.gov**.

### Coffee Break: Tutorials for Biologists[17]

Coffee Break is a general healthcare site that takes a scientific view of the news and covers recent breakthroughs in biology that may one day assist physicians in developing treatments. Here you will find a collection of short reports on recent biological discoveries. Each report incorporates interactive tutorials that demonstrate how bioinformatics tools are used as a part of the research process. Currently, all Coffee Breaks are written by NCBI staff.[18] Each report is about 400 words and is usually based on a discovery reported in one or more articles from recently published, peer-reviewed literature.[19] This site has new articles every few weeks, so it can be considered an online magazine of sorts. It is intended for general background information. You can access the Coffee Break Web site at the following hyperlink: **http://www.ncbi.nlm.nih.gov/Coffeebreak/**.

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[14] Adapted from HSTAT: **http://www.nlm.nih.gov/pubs/factsheets/hstat.html**.

[15] The HSTAT URL is **http://hstat.nlm.nih.gov/**.

[16] Other important documents in HSTAT include: the National Institutes of Health (NIH) Consensus Conference Reports and Technology Assessment Reports; the HIV/AIDS Treatment Information Service (ATIS) resource documents; the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment (SAMHSA/CSAT) Treatment Improvement Protocols (TIP) and Center for Substance Abuse Prevention (SAMHSA/CSAP) Prevention Enhancement Protocols System (PEPS); the Public Health Service (PHS) Preventive Services Task Force's *Guide to Clinical Preventive Services*; the independent, nonfederal Task Force on Community Services' *Guide to Community Preventive Services*; and the Health Technology Advisory Committee (HTAC) of the Minnesota Health Care Commission (MHCC) health technology evaluations.

[17] Adapted from **http://www.ncbi.nlm.nih.gov/Coffeebreak/Archive/FAQ.html**.

[18] The figure that accompanies each article is frequently supplied by an expert external to NCBI, in which case the source of the figure is cited. The result is an interactive tutorial that tells a biological story.

[19] After a brief introduction that sets the work described into a broader context, the report focuses on how a molecular understanding can provide explanations of observed biology and lead to therapies for diseases. Each vignette is accompanied by a figure and hypertext links that lead to a series of pages that interactively show how NCBI tools and resources are used in the research process.

## Other Commercial Databases

In addition to resources maintained by official agencies, other databases exist that are commercial ventures addressing medical professionals. Here are some examples that may interest you:

- **CliniWeb International:** Index and table of contents to selected clinical information on the Internet; see **http://www.ohsu.edu/cliniweb/**.
- **Medical World Search:** Searches full text from thousands of selected medical sites on the Internet; see **http://www.mwsearch.com/**.

## The Genome Project and Addison's Disease

In the following section, we will discuss databases and references which relate to the Genome Project and Addison's disease.

### Online Mendelian Inheritance in Man (OMIM)

The Online Mendelian Inheritance in Man (OMIM) database is a catalog of human genes and genetic disorders authored and edited by Dr. Victor A. McKusick and his colleagues at Johns Hopkins and elsewhere. OMIM was developed for the World Wide Web by the National Center for Biotechnology Information (NCBI).[20] The database contains textual information, pictures, and reference information. It also contains copious links to NCBI's Entrez database of MEDLINE articles and sequence information.

To search the database, go to **http://www.ncbi.nlm.nih.gov/Omim/searchomim.html**. Type "Addison's disease" (or synonyms) into the search box, and click "Submit Search." If too many results appear, you can narrow the search by adding the word "clinical." Each report will have additional links to related research and databases. In particular, the option "Database Links" will search across technical databases that offer an abundance of information. The following is an example of the results you can obtain from the OMIM for Addison's disease:

- **Adrenal Hypoplasia, Congenital**
  Web site: http://www.ncbi.nlm.nih.gov/htbin-post/Omim/dispmim?300200

### Genes and Disease (NCBI - Map)

The Genes and Disease database is produced by the National Center for Biotechnology Information of the National Library of Medicine at the National Institutes of Health. This Web site categorizes each disorder by system of the body. Go to **http://www.ncbi.nlm.nih.gov/disease/**, and browse the system pages to have a full view of important conditions linked to human genes. Since this site is regularly updated, you may

[20] Adapted from **http://www.ncbi.nlm.nih.gov/**. Established in 1988 as a national resource for molecular biology information, NCBI creates public databases, conducts research in computational biology, develops software tools for analyzing genome data, and disseminates biomedical information--all for the better understanding of molecular processes affecting human health and disease.

wish to revisit it from time to time. The following systems and associated disorders are addressed:

- **Cancer:** Uncontrolled cell division.
  Examples: Breast and ovarian cancer, Burkitt lymphoma, chronic myeloid leukemia, colon cancer, lung cancer, malignant melanoma, multiple endocrine neoplasia, neurofibromatosis, p53 tumor suppressor, pancreatic cancer, prostate cancer, Ras oncogene, RB: retinoblastoma, von Hippel-Lindau syndrome.
  Web site: **http://www.ncbi.nlm.nih.gov/disease/Cancer.html**
- **Immune System:** Fights invaders.
  Examples: Asthma, autoimmune polyglandular syndrome, Crohn's disease, DiGeorge syndrome, familial Mediterranean fever, immunodeficiency with Hyper-IgM, severe combined immunodeficiency.
  Web site: **http://www.ncbi.nlm.nih.gov/disease/Immune.html**
- **Metabolism:** Food and energy.
  Examples: Adreno-leukodystrophy, atherosclerosis, Best disease, Gaucher disease, glucose galactose malabsorption, gyrate atrophy, juvenile-onset diabetes, obesity, paroxysmal nocturnal hemoglobinuria, phenylketonuria, Refsum disease, Tangier disease, Tay-Sachs disease.
  Web site: **http://www.ncbi.nlm.nih.gov/disease/Metabolism.html**
- **Muscle and Bone:** Movement and growth.
  Examples: Duchenne muscular dystrophy, Ellis-van Creveld syndrome, Marfan syndrome, myotonic dystrophy, spinal muscular atrophy.
  Web site: **http://www.ncbi.nlm.nih.gov/disease/Muscle.html**
- **Nervous System:** Mind and body.
  Examples: Alzheimer disease, amyotrophic lateral sclerosis, Angelman syndrome, Charcot-Marie-Tooth disease, epilepsy, essential tremor, fragile X syndrome, Friedreich's ataxia, Huntington disease, Niemann-Pick disease, Parkinson disease, Prader-Willi syndrome, Rett syndrome, spinocerebellar atrophy, Williams syndrome.
  Web site: **http://www.ncbi.nlm.nih.gov/disease/Brain.html**
- **Signals:** Cellular messages.
  Examples: Ataxia telangiectasia, Cockayne syndrome, glaucoma, male-patterned baldness, SRY: sex determination, tuberous sclerosis, Waardenburg syndrome, Werner syndrome.
  Web site: **http://www.ncbi.nlm.nih.gov/disease/Signals.html**
- **Transporters:** Pumps and channels.
  Examples: Cystic fibrosis, deafness, diastrophic dysplasia, Hemophilia A, long-QT syndrome, Menkes syndrome, Pendred syndrome, polycystic kidney disease, sickle cell anemia, Wilson's disease, Zellweger syndrome.
  Web site: **http://www.ncbi.nlm.nih.gov/disease/Transporters.html**

### Entrez

Entrez is a search and retrieval system that integrates several linked databases at the National Center for Biotechnology Information (NCBI). These databases include nucleotide sequences, protein sequences, macromolecular structures, whole genomes, and MEDLINE through PubMed. Entrez provides access to the following databases:

- **3D Domains:** Domains from Entrez Structure,
  Web site: **http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=geo**
- **Books:** Online books,
  Web site: **http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=books**
- **Genome:** Complete genome assemblies,
  Web site: **http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=Genome**
- **NCBI's Protein Sequence Information Survey Results:**
  Web site: **http://www.ncbi.nlm.nih.gov/About/proteinsurvey/**
- **Nucleotide Sequence Database (Genbank):**
  Web site: **http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=Nucleotide**
- **OMIM:** Online Mendelian Inheritance in Man,
  Web site: **http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=OMIM**
- **PopSet:** Population study data sets,
  Web site: **http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=Popset**
- **ProbeSet:** Gene Expression Omnibus (GEO),
  Web site: **http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=geo**
- **Protein Sequence Database:**
  Web site: **http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=Protein**
- **PubMed:** Biomedical literature (PubMed),
  Web site: **http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=PubMed**
- **Structure:** Three-dimensional macromolecular structures,
  Web site: **http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=Structure**
- **Taxonomy:** Organisms in GenBank,
  Web site: **http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=Taxonomy**

To access the Entrez system at the National Center for Biotechnology Information, go to **http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?CMD=search&DB=genome**, and then select the database that you would like to search. The databases available are listed in the drop box next to "Search." Enter "Addison's disease" (or synonyms) into the search box and click "Go."

### Jablonski's Multiple Congenital Anomaly/Mental Retardation (MCA/MR) Syndromes Database[21]

This online resource has been developed to facilitate the identification and differentiation of syndromic entities. Special attention is given to the type of information that is usually limited or completely omitted in existing reference sources due to space limitations of the printed form.

At **http://www.nlm.nih.gov/mesh/jablonski/syndrome_toc/toc_a.html**, you can search across syndromes using an alphabetical index**.** Search by keywords at **http://www.nlm.nih.gov/mesh/jablonski/syndrome_db.html**.

[21] Adapted from the National Library of Medicine:
**http://www.nlm.nih.gov/mesh/jablonski/about_syndrome.html**.

### The Genome Database[22]

Established at Johns Hopkins University in Baltimore, Maryland in 1990, the Genome Database (GDB) is the official central repository for genomic mapping data resulting from the Human Genome Initiative. In the spring of 1999, the Bioinformatics Supercomputing Centre (BiSC) at the Hospital for Sick Children in Toronto, Ontario assumed the management of GDB. The Human Genome Initiative is a worldwide research effort focusing on structural analysis of human DNA to determine the location and sequence of the estimated 100,000 human genes. In support of this project, GDB stores and curates data generated by researchers worldwide who are engaged in the mapping effort of the Human Genome Project (HGP). GDB's mission is to provide scientists with an encyclopedia of the human genome which is continually revised and updated to reflect the current state of scientific knowledge. Although GDB has historically focused on gene mapping, its focus will broaden as the Genome Project moves from mapping to sequence, and finally, to functional analysis.

To access the GDB, simply go to the following hyperlink: **http://www.gdb.org/**. Search "All Biological Data" by "Keyword." Type "Addison's disease" (or synonyms) into the search box, and review the results. If more than one word is used in the search box, then separate each one with the word "and" or "or" (using "or" might be useful when using synonyms).

[22] Adapted from the Genome Database: **http://gdbwww.gdb.org/gdb/aboutGDB.html - mission**.

# APPENDIX B. PATIENT RESOURCES

## Overview

Official agencies, as well as federally funded institutions supported by national grants, frequently publish a variety of guidelines written with the patient in mind. These are typically called "Fact Sheets" or "Guidelines." They can take the form of a brochure, information kit, pamphlet, or flyer. Often they are only a few pages in length. Since new guidelines on Addison's disease can appear at any moment and be published by a number of sources, the best approach to finding guidelines is to systematically scan the Internet-based services that post them.

## Patient Guideline Sources

The remainder of this chapter directs you to sources which either publish or can help you find additional guidelines on topics related to Addison's disease. Due to space limitations, these sources are listed in a concise manner. Do not hesitate to consult the following sources by either using the Internet hyperlink provided, or, in cases where the contact information is provided, contacting the publisher or author directly.

### The National Institutes of Health

The NIH gateway to patients is located at **http://health.nih.gov/**. From this site, you can search across various sources and institutes, a number of which are summarized below.

### Topic Pages: MEDLINEplus

The National Library of Medicine has created a vast and patient-oriented healthcare information portal called MEDLINEplus. Within this Internet-based system are "health topic pages" which list links to available materials relevant to Addison's disease. To access this system, log on to **http://www.nlm.nih.gov/medlineplus/healthtopics.html**. From there you can either search using the alphabetical index or browse by broad topic areas. Recently, MEDLINEplus listed the following when searched for "Addison's disease":

- Other guides

  **Addison's Disease**
  http://www.nlm.nih.gov/medlineplus/addisonsdisease.html

  **Adrenal Gland Disorders**
  http://www.nlm.nih.gov/medlineplus/adrenalglanddisorders.html

  **Benign Tumors**
  http://www.nlm.nih.gov/medlineplus/benigntumors.html

  **Endocrine Diseases**
  http://www.nlm.nih.gov/medlineplus/endocrinediseases.html

  **Growth Disorders**
  http://www.nlm.nih.gov/medlineplus/growthdisorders.html

  **Hormones**
  http://www.nlm.nih.gov/medlineplus/hormones.html

  **Pituitary Disorders**
  http://www.nlm.nih.gov/medlineplus/pituitarydisorders.html

  **Thyroid Diseases**
  http://www.nlm.nih.gov/medlineplus/thyroiddiseases.html

Within the health topic page dedicated to Addison's disease, the following was listed:

- Diagnosis/Symptoms

  **ACTH (Adrenocorticotropic Hormone) Test**
  Source: American Association for Clinical Chemistry
  http://www.labtestsonline.org/understanding/analytes/acth/test.html

  **Cortisol Test**
  Source: American Association for Clinical Chemistry
  http://www.labtestsonline.org/understanding/analytes/cortisol/test.html

- Organizations

  **National Institute of Diabetes and Digestive and Kidney Diseases**
  http://www.niddk.nih.gov/

- Research

  **Women with Premature Menopause at Increased Risk for Potentially Fatal Adrenal Condition: Early Diagnosis Can Lead to Effective Treatment**
  Source: National Institute of Child Health and Human Development
  http://www.nih.gov/news/pr/aug2002/nichd-30.htm

You may also choose to use the search utility provided by MEDLINEplus at the following Web address: **http://www.nlm.nih.gov/medlineplus/**. Simply type a keyword into the search box and click "Search." This utility is similar to the NIH search utility, with the exception that it only includes materials that are linked within the MEDLINEplus system (mostly patient-oriented information). It also has the disadvantage of generating

unstructured results. We recommend, therefore, that you use this method only if you have a very targeted search.

### Healthfinder™

Healthfinder™ is sponsored by the U.S. Department of Health and Human Services and offers links to hundreds of other sites that contain healthcare information. This Web site is located at **http://www.healthfinder.gov**. Again, keyword searches can be used to find guidelines. The following was recently found in this database:

- **Addison's Disease**

  Summary: This consumer health information booklet contains basic information about this rare endocrine disorder.

  Source: National Institute of Diabetes and Digestive and Kidney Diseases, National Institutes of Health

  http://www.healthfinder.gov/scripts/recordpass.asp?RecordType=0&RecordID=2710

### The NIH Search Utility

The NIH search utility allows you to search for documents on over 100 selected Web sites that comprise the NIH-WEB-SPACE. Each of these servers is "crawled" and indexed on an ongoing basis. Your search will produce a list of various documents, all of which will relate in some way to Addison's disease. The drawbacks of this approach are that the information is not organized by theme and that the references are often a mix of information for professionals and patients. Nevertheless, a large number of the listed Web sites provide useful background information. We can only recommend this route, therefore, for relatively rare or specific disorders, or when using highly targeted searches. To use the NIH search utility, visit the following Web page: **http://search.nih.gov/index.html**.

### Additional Web Sources

A number of Web sites are available to the public that often link to government sites. These can also point you in the direction of essential information. The following is a representative sample:

- AOL: **http://search.aol.com/cat.adp?id=168&layer=&from=subcats**
- Family Village: **http://www.familyvillage.wisc.edu/specific.htm**
- Google: **http://directory.google.com/Top/Health/Conditions_and_Diseases/**
- Med Help International: **http://www.medhelp.org/HealthTopics/A.html**
- Open Directory Project: **http://dmoz.org/Health/Conditions_and_Diseases/**
- Yahoo.com: **http://dir.yahoo.com/Health/Diseases_and_Conditions/**
- WebMD®Health: **http://my.webmd.com/health_topics**

## Finding Associations

There are several Internet directories that provide lists of medical associations with information on or resources relating to Addison's disease. By consulting all of associations listed in this chapter, you will have nearly exhausted all sources for patient associations concerned with Addison's disease.

### The National Health Information Center (NHIC)

The National Health Information Center (NHIC) offers a free referral service to help people find organizations that provide information about Addison's disease. For more information, see the NHIC's Web site at **http://www.health.gov/NHIC/** or contact an information specialist by calling 1-800-336-4797.

### Directory of Health Organizations

The Directory of Health Organizations, provided by the National Library of Medicine Specialized Information Services, is a comprehensive source of information on associations. The Directory of Health Organizations database can be accessed via the Internet at **http://www.sis.nlm.nih.gov/Dir/DirMain.html**. It is composed of two parts: DIRLINE and Health Hotlines.

The DIRLINE database comprises some 10,000 records of organizations, research centers, and government institutes and associations that primarily focus on health and biomedicine. To access DIRLINE directly, go to the following Web site: **http://dirline.nlm.nih.gov/**. Simply type in "Addison's disease" (or a synonym), and you will receive information on all relevant organizations listed in the database.

Health Hotlines directs you to toll-free numbers to over 300 organizations. You can access this database directly at **http://www.sis.nlm.nih.gov/hotlines/**. On this page, you are given the option to search by keyword or by browsing the subject list. When you have received your search results, click on the name of the organization for its description and contact information.

### The Combined Health Information Database

Another comprehensive source of information on healthcare associations is the Combined Health Information Database. Using the "Detailed Search" option, you will need to limit your search to "Organizations" and "Addison's disease". Type the following hyperlink into your Web browser: **http://chid.nih.gov/detail/detail.html**. To find associations, use the drop boxes at the bottom of the search page where "You may refine your search by." For publication date, select "All Years." Then, select your preferred language and the format option "Organization Resource Sheet." Type "Addison's disease" (or synonyms) into the "For these words:" box. You should check back periodically with this database since it is updated every three months.

### The National Organization for Rare Disorders, Inc.

The National Organization for Rare Disorders, Inc. has prepared a Web site that provides, at no charge, lists of associations organized by health topic. You can access this database at the following Web site: **http://www.rarediseases.org/search/orgsearch.html**. Type "Addison's disease" (or a synonym) into the search box, and click "Submit Query."

# APPENDIX C. FINDING MEDICAL LIBRARIES

## Overview

In this Appendix, we show you how to quickly find a medical library in your area.

## Preparation

Your local public library and medical libraries have interlibrary loan programs with the National Library of Medicine (NLM), one of the largest medical collections in the world. According to the NLM, most of the literature in the general and historical collections of the National Library of Medicine is available on interlibrary loan to any library. If you would like to access NLM medical literature, then visit a library in your area that can request the publications for you.[23]

## Finding a Local Medical Library

The quickest method to locate medical libraries is to use the Internet-based directory published by the National Network of Libraries of Medicine (NN/LM). This network includes 4626 members and affiliates that provide many services to librarians, health professionals, and the public. To find a library in your area, simply visit **http://nnlm.gov/members/adv.html** or call 1-800-338-7657.

## Medical Libraries in the U.S. and Canada

In addition to the NN/LM, the National Library of Medicine (NLM) lists a number of libraries with reference facilities that are open to the public. The following is the NLM's list and includes hyperlinks to each library's Web site. These Web pages can provide information on hours of operation and other restrictions. The list below is a small sample of

[23] Adapted from the NLM: **http://www.nlm.nih.gov/psd/cas/interlibrary.html**.

libraries recommended by the National Library of Medicine (sorted alphabetically by name of the U.S. state or Canadian province where the library is located)[24]:

- **Alabama:** Health InfoNet of Jefferson County (Jefferson County Library Cooperative, Lister Hill Library of the Health Sciences), **http://www.uab.edu/infonet/**
- **Alabama:** Richard M. Scrushy Library (American Sports Medicine Institute)
- **Arizona:** Samaritan Regional Medical Center: The Learning Center (Samaritan Health System, Phoenix, Arizona), **http://www.samaritan.edu/library/bannerlibs.htm**
- **California:** Kris Kelly Health Information Center (St. Joseph Health System, Humboldt), **http://www.humboldt1.com/~kkhic/index.html**
- **California:** Community Health Library of Los Gatos, **http://www.healthlib.org/orgresources.html**
- **California:** Consumer Health Program and Services (CHIPS) (County of Los Angeles Public Library, Los Angeles County Harbor-UCLA Medical Center Library) - Carson, CA, **http://www.colapublib.org/services/chips.html**
- **California:** Gateway Health Library (Sutter Gould Medical Foundation)
- **California:** Health Library (Stanford University Medical Center), **http://www-med.stanford.edu/healthlibrary/**
- **California:** Patient Education Resource Center - Health Information and Resources (University of California, San Francisco), **http://sfghdean.ucsf.edu/barnett/PERC/default.asp**
- **California:** Redwood Health Library (Petaluma Health Care District), **http://www.phcd.org/rdwdlib.html**
- **California:** Los Gatos PlaneTree Health Library, **http://planetreesanjose.org/**
- **California:** Sutter Resource Library (Sutter Hospitals Foundation, Sacramento), **http://suttermedicalcenter.org/library/**
- **California:** Health Sciences Libraries (University of California, Davis), **http://www.lib.ucdavis.edu/healthsci/**
- **California:** ValleyCare Health Library & Ryan Comer Cancer Resource Center (ValleyCare Health System, Pleasanton), **http://gaelnet.stmarys-ca.edu/other.libs/gbal/east/vchl.html**
- **California:** Washington Community Health Resource Library (Fremont), **http://www.healthlibrary.org/**
- **Colorado:** William V. Gervasini Memorial Library (Exempla Healthcare), **http://www.saintjosephdenver.org/yourhealth/libraries/**
- **Connecticut:** Hartford Hospital Health Science Libraries (Hartford Hospital), **http://www.harthosp.org/library/**
- **Connecticut:** Healthnet: Connecticut Consumer Health Information Center (University of Connecticut Health Center, Lyman Maynard Stowe Library), **http://library.uchc.edu/departm/hnet/**

[24] Abstracted from **http://www.nlm.nih.gov/medlineplus/libraries.html**.

- **Connecticut:** Waterbury Hospital Health Center Library (Waterbury Hospital, Waterbury), **http://www.waterburyhospital.com/library/consumer.shtml**
- **Delaware:** Consumer Health Library (Christiana Care Health System, Eugene du Pont Preventive Medicine & Rehabilitation Institute, Wilmington), **http://www.christianacare.org/health_guide/health_guide_pmri_health_info.cfm**
- **Delaware:** Lewis B. Flinn Library (Delaware Academy of Medicine, Wilmington), **http://www.delamed.org/chls.html**
- **Georgia:** Family Resource Library (Medical College of Georgia, Augusta), **http://cmc.mcg.edu/kids_families/fam_resources/fam_res_lib/frl.htm**
- **Georgia:** Health Resource Center (Medical Center of Central Georgia, Macon), **http://www.mccg.org/hrc/hrchome.asp**
- **Hawaii:** Hawaii Medical Library: Consumer Health Information Service (Hawaii Medical Library, Honolulu), **http://hml.org/CHIS/**
- **Idaho:** DeArmond Consumer Health Library (Kootenai Medical Center, Coeur d'Alene), **http://www.nicon.org/DeArmond/index.htm**
- **Illinois:** Health Learning Center of Northwestern Memorial Hospital (Chicago), **http://www.nmh.org/health_info/hlc.html**
- **Illinois:** Medical Library (OSF Saint Francis Medical Center, Peoria), **http://www.osfsaintfrancis.org/general/library/**
- **Kentucky:** Medical Library - Services for Patients, Families, Students & the Public (Central Baptist Hospital, Lexington), **http://www.centralbap.com/education/community/library.cfm**
- **Kentucky:** University of Kentucky - Health Information Library (Chandler Medical Center, Lexington), **http://www.mc.uky.edu/PatientEd/**
- **Louisiana:** Alton Ochsner Medical Foundation Library (Alton Ochsner Medical Foundation, New Orleans), **http://www.ochsner.org/library/**
- **Louisiana:** Louisiana State University Health Sciences Center Medical Library-Shreveport, **http://lib-sh.lsuhsc.edu/**
- **Maine:** Franklin Memorial Hospital Medical Library (Franklin Memorial Hospital, Farmington), **http://www.fchn.org/fmh/lib.htm**
- **Maine:** Gerrish-True Health Sciences Library (Central Maine Medical Center, Lewiston), **http://www.cmmc.org/library/library.html**
- **Maine:** Hadley Parrot Health Science Library (Eastern Maine Healthcare, Bangor), **http://www.emh.org/hll/hpl/guide.htm**
- **Maine:** Maine Medical Center Library (Maine Medical Center, Portland), **http://www.mmc.org/library/**
- **Maine:** Parkview Hospital (Brunswick), **http://www.parkviewhospital.org/**
- **Maine:** Southern Maine Medical Center Health Sciences Library (Southern Maine Medical Center, Biddeford), **http://www.smmc.org/services/service.php3?choice=10**
- **Maine:** Stephens Memorial Hospital's Health Information Library (Western Maine Health, Norway), **http://www.wmhcc.org/Library/**

- **Manitoba, Canada:** Consumer & Patient Health Information Service (University of Manitoba Libraries), **http://www.umanitoba.ca/libraries/units/health/reference/chis.html**
- **Manitoba, Canada:** J.W. Crane Memorial Library (Deer Lodge Centre, Winnipeg), **http://www.deerlodge.mb.ca/crane_library/about.asp**
- **Maryland:** Health Information Center at the Wheaton Regional Library (Montgomery County, Dept. of Public Libraries, Wheaton Regional Library), **http://www.mont.lib.md.us/healthinfo/hic.asp**
- **Massachusetts:** Baystate Medical Center Library (Baystate Health System), **http://www.baystatehealth.com/1024/**
- **Massachusetts:** Boston University Medical Center Alumni Medical Library (Boston University Medical Center), **http://med-libwww.bu.edu/library/lib.html**
- **Massachusetts:** Lowell General Hospital Health Sciences Library (Lowell General Hospital, Lowell), **http://www.lowellgeneral.org/library/HomePageLinks/WWW.htm**
- **Massachusetts:** Paul E. Woodard Health Sciences Library (New England Baptist Hospital, Boston), **http://www.nebh.org/health_lib.asp**
- **Massachusetts:** St. Luke's Hospital Health Sciences Library (St. Luke's Hospital, Southcoast Health System, New Bedford), **http://www.southcoast.org/library/**
- **Massachusetts:** Treadwell Library Consumer Health Reference Center (Massachusetts General Hospital), **http://www.mgh.harvard.edu/library/chrcindex.html**
- **Massachusetts:** UMass HealthNet (University of Massachusetts Medical School, Worchester), **http://healthnet.umassmed.edu/**
- **Michigan:** Botsford General Hospital Library - Consumer Health (Botsford General Hospital, Library & Internet Services), **http://www.botsfordlibrary.org/consumer.htm**
- **Michigan:** Helen DeRoy Medical Library (Providence Hospital and Medical Centers), **http://www.providence-hospital.org/library/**
- **Michigan:** Marquette General Hospital - Consumer Health Library (Marquette General Hospital, Health Information Center), **http://www.mgh.org/center.html**
- **Michigan:** Patient Education Resouce Center - University of Michigan Cancer Center (University of Michigan Comprehensive Cancer Center, Ann Arbor), **http://www.cancer.med.umich.edu/learn/leares.htm**
- **Michigan:** Sladen Library & Center for Health Information Resources - Consumer Health Information (Detroit), **http://www.henryford.com/body.cfm?id=39330**
- **Montana:** Center for Health Information (St. Patrick Hospital and Health Sciences Center, Missoula)
- **National:** Consumer Health Library Directory (Medical Library Association, Consumer and Patient Health Information Section), **http://caphis.mlanet.org/directory/index.html**
- **National:** National Network of Libraries of Medicine (National Library of Medicine) - provides library services for health professionals in the United States who do not have access to a medical library, **http://nnlm.gov/**
- **National:** NN/LM List of Libraries Serving the Public (National Network of Libraries of Medicine), **http://nnlm.gov/members/**

- **Nevada:** Health Science Library, West Charleston Library (Las Vegas-Clark County Library District, Las Vegas), **http://www.lvccld.org/special_collections/medical/index.htm**
- **New Hampshire:** Dartmouth Biomedical Libraries (Dartmouth College Library, Hanover), **http://www.dartmouth.edu/~biomed/resources.htmld/conshealth.htmld/**
- **New Jersey:** Consumer Health Library (Rahway Hospital, Rahway), **http://www.rahwayhospital.com/library.htm**
- **New Jersey:** Dr. Walter Phillips Health Sciences Library (Englewood Hospital and Medical Center, Englewood), **http://www.englewoodhospital.com/links/index.htm**
- **New Jersey:** Meland Foundation (Englewood Hospital and Medical Center, Englewood), **http://www.geocities.com/ResearchTriangle/9360/**
- **New York:** Choices in Health Information (New York Public Library) - NLM Consumer Pilot Project participant, **http://www.nypl.org/branch/health/links.html**
- **New York:** Health Information Center (Upstate Medical University, State University of New York, Syracuse), **http://www.upstate.edu/library/hic/**
- **New York:** Health Sciences Library (Long Island Jewish Medical Center, New Hyde Park), **http://www.lij.edu/library/library.html**
- **New York:** ViaHealth Medical Library (Rochester General Hospital), **http://www.nyam.org/library/**
- **Ohio:** Consumer Health Library (Akron General Medical Center, Medical & Consumer Health Library), **http://www.akrongeneral.org/hwlibrary.htm**
- **Oklahoma:** The Health Information Center at Saint Francis Hospital (Saint Francis Health System, Tulsa), **http://www.sfh-tulsa.com/services/healthinfo.asp**
- **Oregon:** Planetree Health Resource Center (Mid-Columbia Medical Center, The Dalles), **http://www.mcmc.net/phrc/**
- **Pennsylvania:** Community Health Information Library (Milton S. Hershey Medical Center, Hershey), **http://www.hmc.psu.edu/commhealth/**
- **Pennsylvania:** Community Health Resource Library (Geisinger Medical Center, Danville), **http://www.geisinger.edu/education/commlib.shtml**
- **Pennsylvania:** HealthInfo Library (Moses Taylor Hospital, Scranton), **http://www.mth.org/healthwellness.html**
- **Pennsylvania:** Hopwood Library (University of Pittsburgh, Health Sciences Library System, Pittsburgh), **http://www.hsls.pitt.edu/guides/chi/hopwood/index_html**
- **Pennsylvania:** Koop Community Health Information Center (College of Physicians of Philadelphia), **http://www.collphyphil.org/kooppg1.shtml**
- **Pennsylvania:** Learning Resources Center - Medical Library (Susquehanna Health System, Williamsport), **http://www.shscares.org/services/lrc/index.asp**
- **Pennsylvania:** Medical Library (UPMC Health System, Pittsburgh), **http://www.upmc.edu/passavant/library.htm**
- **Quebec, Canada:** Medical Library (Montreal General Hospital), **http://www.mghlib.mcgill.ca/**

- **South Dakota:** Rapid City Regional Hospital Medical Library (Rapid City Regional Hospital), **http://www.rcrh.org/Services/Library/Default.asp**
- **Texas:** Houston HealthWays (Houston Academy of Medicine-Texas Medical Center Library), **http://hhw.library.tmc.edu/**
- **Washington:** Community Health Library (Kittitas Valley Community Hospital), **http://www.kvch.com/**
- **Washington:** Southwest Washington Medical Center Library (Southwest Washington Medical Center, Vancouver), **http://www.swmedicalcenter.com/body.cfm?id=72**

# ONLINE GLOSSARIES

The Internet provides access to a number of free-to-use medical dictionaries. The National Library of Medicine has compiled the following list of online dictionaries:

- ADAM Medical Encyclopedia (A.D.A.M., Inc.), comprehensive medical reference: **http://www.nlm.nih.gov/medlineplus/encyclopedia.html**
- MedicineNet.com Medical Dictionary (MedicineNet, Inc.): **http://www.medterms.com/Script/Main/hp.asp**
- Merriam-Webster Medical Dictionary (Inteli-Health, Inc.): **http://www.intelihealth.com/IH/**
- Multilingual Glossary of Technical and Popular Medical Terms in Eight European Languages (European Commission) - Danish, Dutch, English, French, German, Italian, Portuguese, and Spanish: **http://allserv.rug.ac.be/~rvdstich/eugloss/welcome.html**
- On-line Medical Dictionary (CancerWEB): **http://cancerweb.ncl.ac.uk/omd/**
- Rare Diseases Terms (Office of Rare Diseases): **http://ord.aspensys.com/asp/diseases/diseases.asp**
- Technology Glossary (National Library of Medicine) - Health Care Technology: **http://www.nlm.nih.gov/nichsr/ta101/ta10108.htm**

Beyond these, MEDLINEplus contains a very patient-friendly encyclopedia covering every aspect of medicine (licensed from A.D.A.M., Inc.). The ADAM Medical Encyclopedia can be accessed at **http://www.nlm.nih.gov/medlineplus/encyclopedia.html**. ADAM is also available on commercial Web sites such as drkoop.com (**http://www.drkoop.com/**) and Web MD (**http://my.webmd.com/adam/asset/adam_disease_articles/a_to_z/a**). The NIH suggests the following Web sites in the ADAM Medical Encyclopedia when searching for information on Addison's disease:

- **Basic Guidelines for Addison's Disease**

  **Addison's disease**
  Web site: http://www.nlm.nih.gov/medlineplus/ency/article/000378.htm

  **Aids**
  Web site: http://www.nlm.nih.gov/medlineplus/ency/article/000594.htm

  **Crf**
  Web site: http://www.nlm.nih.gov/medlineplus/ency/article/000471.htm

  **Siadh**
  Web site: http://www.nlm.nih.gov/medlineplus/ency/article/000394.htm

  **Waterhouse-Friderichsen syndrome**
  Web site: http://www.nlm.nih.gov/medlineplus/ency/article/000609.htm

- **Signs & Symptoms for Addison's Disease**

  **Abdominal pain**
  Web site: http://www.nlm.nih.gov/medlineplus/ency/article/003120.htm

  **Amenorrhea**
  Web site: http://www.nlm.nih.gov/medlineplus/ency/article/003149.htm

  **Diarrhea**
  Web site: http://www.nlm.nih.gov/medlineplus/ency/article/003126.htm

  **Fatigue**
  Web site: http://www.nlm.nih.gov/medlineplus/ency/article/003088.htm

  **Hyperpigmentation**
  Web site: http://www.nlm.nih.gov/medlineplus/ency/article/003242.htm

  **Hypotension**
  Web site: http://www.nlm.nih.gov/medlineplus/ency/article/003083.htm

  **Lethargic**
  Web site: http://www.nlm.nih.gov/medlineplus/ency/article/003088.htm

  **Loss of appetite**
  Web site: http://www.nlm.nih.gov/medlineplus/ency/article/003121.htm

  **Low blood pressure**
  Web site: http://www.nlm.nih.gov/medlineplus/ency/article/003083.htm

  **Mouth lesions**
  Web site: http://www.nlm.nih.gov/medlineplus/ency/article/003059.htm

  **Muscle weakness**
  Web site: http://www.nlm.nih.gov/medlineplus/ency/article/003174.htm

  **Nausea**
  Web site: http://www.nlm.nih.gov/medlineplus/ency/article/003117.htm

  **Paleness**
  Web site: http://www.nlm.nih.gov/medlineplus/ency/article/003244.htm

  **Paralysis**
  Web site: http://www.nlm.nih.gov/medlineplus/ency/article/003190.htm

  **Skin color, patchy**
  Web site: http://www.nlm.nih.gov/medlineplus/ency/article/003224.htm

  **Stress**
  Web site: http://www.nlm.nih.gov/medlineplus/ency/article/003211.htm

  **Tiredness**
  Web site: http://www.nlm.nih.gov/medlineplus/ency/article/003088.htm

**Vomiting**
Web site: http://www.nlm.nih.gov/medlineplus/ency/article/003117.htm

**Weakness**
Web site: http://www.nlm.nih.gov/medlineplus/ency/article/003174.htm

**Weight gain**
Web site: http://www.nlm.nih.gov/medlineplus/ency/article/003084.htm

**Weight loss**
Web site: http://www.nlm.nih.gov/medlineplus/ency/article/003107.htm

- **Diagnostics and Tests for Addison's Disease**

**17-hydroxycorticosteroids**
Web site: http://www.nlm.nih.gov/medlineplus/ency/article/003459.htm

**17-ketosteroids**
Web site: http://www.nlm.nih.gov/medlineplus/ency/article/003460.htm

**Abdominal CT scan**
Web site: http://www.nlm.nih.gov/medlineplus/ency/article/003789.htm

**Abdominal x-ray**
Web site: http://www.nlm.nih.gov/medlineplus/ency/article/003815.htm

**ACTH**
Web site: http://www.nlm.nih.gov/medlineplus/ency/article/003695.htm

**Aldosterone**
Web site: http://www.nlm.nih.gov/medlineplus/ency/article/003704.htm

**Biopsy**
Web site: http://www.nlm.nih.gov/medlineplus/ency/article/003416.htm

**Blood pressure**
Web site: http://www.nlm.nih.gov/medlineplus/ency/article/003398.htm

**BUN**
Web site: http://www.nlm.nih.gov/medlineplus/ency/article/003474.htm

**Chest X-ray**
Web site: http://www.nlm.nih.gov/medlineplus/ency/article/003804.htm

**CO2**
Web site: http://www.nlm.nih.gov/medlineplus/ency/article/003469.htm

**Cortisol level**
Web site: http://www.nlm.nih.gov/medlineplus/ency/article/003693.htm

**Cortisol, urine**
Web site: http://www.nlm.nih.gov/medlineplus/ency/article/003703.htm

**Creatinine**
Web site: http://www.nlm.nih.gov/medlineplus/ency/article/003475.htm

**CT**
Web site: http://www.nlm.nih.gov/medlineplus/ency/article/003330.htm

**Differential**
Web site: http://www.nlm.nih.gov/medlineplus/ency/article/003657.htm

**Heart rate**
Web site: http://www.nlm.nih.gov/medlineplus/ency/article/003399.htm

**Potassium test**
Web site: http://www.nlm.nih.gov/medlineplus/ency/article/003484.htm

**Renin**
Web site: http://www.nlm.nih.gov/medlineplus/ency/article/003698.htm

**Serum calcium**
Web site: http://www.nlm.nih.gov/medlineplus/ency/article/003477.htm

**Serum sodium**
Web site: http://www.nlm.nih.gov/medlineplus/ency/article/003481.htm

**Urinary aldosterone**
Web site: http://www.nlm.nih.gov/medlineplus/ency/article/003621.htm

**X-ray**
Web site: http://www.nlm.nih.gov/medlineplus/ency/article/003337.htm

- **Surgery and Procedures for Addison's Disease**

**Dermatis herpetiformis**
Web site: http://www.nlm.nih.gov/medlineplus/ency/article/001480.htm

- **Background Topics for Addison's Disease**

**Acute**
Web site: http://www.nlm.nih.gov/medlineplus/ency/article/002215.htm

**Adrenal glands**
Web site: http://www.nlm.nih.gov/medlineplus/ency/article/002219.htm

**Bleeding**
Web site: http://www.nlm.nih.gov/medlineplus/ency/article/000045.htm

**Chronic**
Web site: http://www.nlm.nih.gov/medlineplus/ency/article/002312.htm

**Immune response**
Web site: http://www.nlm.nih.gov/medlineplus/ency/article/000821.htm

**Intravenous**
Web site: http://www.nlm.nih.gov/medlineplus/ency/article/002383.htm

**Mucosa**
Web site: http://www.nlm.nih.gov/medlineplus/ency/article/002264.htm

**Shock**
Web site: http://www.nlm.nih.gov/medlineplus/ency/article/000039.htm

## Online Dictionary Directories

The following are additional online directories compiled by the National Library of Medicine, including a number of specialized medical dictionaries:

- Medical Dictionaries: Medical & Biological (World Health Organization): **http://www.who.int/hlt/virtuallibrary/English/diction.htm#Medical**
- MEL-Michigan Electronic Library List of Online Health and Medical Dictionaries (Michigan Electronic Library): **http://mel.lib.mi.us/health/health-dictionaries.html**
- Patient Education: Glossaries (DMOZ Open Directory Project): **http://dmoz.org/Health/Education/Patient_Education/Glossaries/**
- Web of Online Dictionaries (Bucknell University): **http://www.yourdictionary.com/diction5.html#medicine**

# ADDISON'S DISEASE DICTIONARY

The definitions below are derived from official public sources, including the National Institutes of Health [NIH] and the European Union [EU].

**17-Hydroxycorticosteroids:** A group of hydroxycorticosteroids bearing a hydroxy group at the 17-position. Urinary excretion of these compounds is used as an index of adrenal function. They are used systemically in the free alcohol form, but with esterification of the hydroxy groups, topical effectiveness is increased. [NIH]

**Abdomen:** That portion of the body that lies between the thorax and the pelvis. [NIH]

**Abdominal:** Having to do with the abdomen, which is the part of the body between the chest and the hips that contains the pancreas, stomach, intestines, liver, gallbladder, and other organs. [NIH]

**Abdominal Pain:** Sensation of discomfort, distress, or agony in the abdominal region. [NIH]

**Abscess:** Accumulation of purulent material in tissues, organs, or circumscribed spaces, usually associated with signs of infection. [NIH]

**Acantholysis:** Separation of the prickle cells of the stratum spinosum of the epidermis, resulting in atrophy of the prickle cell layer. It is seen in diseases such as pemphigus vulgaris (see pemphigus) and keratosis follicularis. [NIH]

**Acceptor:** A substance which, while normally not oxidized by oxygen or reduced by hydrogen, can be oxidized or reduced in presence of a substance which is itself undergoing oxidation or reduction. [NIH]

**Achlorhydria:** A lack of hydrochloric acid in gastric juice despite stimulation of gastric secretion. [NIH]

**Acidosis:** A pathologic condition resulting from accumulation of acid or depletion of the alkaline reserve (bicarbonate content) in the blood and body tissues, and characterized by an increase in hydrogen ion concentration. [EU]

**Acquired Immunodeficiency Syndrome:** An acquired defect of cellular immunity associated with infection by the human immunodeficiency virus (HIV), a CD4-positive T-lymphocyte count under 200 cells/microliter or less than 14% of total lymphocytes, and increased susceptibility to opportunistic infections and malignant neoplasms. Clinical manifestations also include emaciation (wasting) and dementia. These elements reflect criteria for AIDS as defined by the CDC in 1993. [NIH]

**ACTH:** Adrenocorticotropic hormone. [EU]

**Adenoma:** A benign epithelial tumor with a glandular organization. [NIH]

**Adrenal Cortex:** The outer layer of the adrenal gland. It secretes mineralocorticoids, androgens, and glucocorticoids. [NIH]

**Adrenal Glands:** Paired glands situated in the retroperitoneal tissues at the superior pole of each kidney. [NIH]

**Adrenal insufficiency:** The reduced secretion of adrenal glands. [NIH]

**Adrenoleukodystrophy:** A chromosome X-linked disease. [NIH]

**Afferent:** Concerned with the transmission of neural impulse toward the central part of the nervous system. [NIH]

**Affinity:** 1. Inherent likeness or relationship. 2. A special attraction for a specific element,

organ, or structure. 3. Chemical affinity; the force that binds atoms in molecules; the tendency of substances to combine by chemical reaction. 4. The strength of noncovalent chemical binding between two substances as measured by the dissociation constant of the complex. 5. In immunology, a thermodynamic expression of the strength of interaction between a single antigen-binding site and a single antigenic determinant (and thus of the stereochemical compatibility between them), most accurately applied to interactions among simple, uniform antigenic determinants such as haptens. Expressed as the association constant (K litres mole -1), which, owing to the heterogeneity of affinities in a population of antibody molecules of a given specificity, actually represents an average value (mean intrinsic association constant). 6. The reciprocal of the dissociation constant. [EU]

**Aggravation:** An increasing in seriousness or severity; an act or circumstance that intensifies, or makes worse. [EU]

**Agonist:** In anatomy, a prime mover. In pharmacology, a drug that has affinity for and stimulates physiologic activity at cell receptors normally stimulated by naturally occurring substances. [EU]

**Aldosterone:** (11 beta)-11,21-Dihydroxy-3,20-dioxopregn-4-en-18-al. A hormone secreted by the adrenal cortex that functions in the regulation of electrolyte and water balance by increasing the renal retention of sodium and the excretion of potassium. [NIH]

**Alimentary:** Pertaining to food or nutritive material, or to the organs of digestion. [EU]

**Alkaline:** Having the reactions of an alkali. [EU]

**Alleles:** Mutually exclusive forms of the same gene, occupying the same locus on homologous chromosomes, and governing the same biochemical and developmental process. [NIH]

**Allogeneic:** Taken from different individuals of the same species. [NIH]

**Allografts:** A graft of tissue obtained from the body of another animal of the same species but with genotype differing from that of the recipient; tissue graft from a donor of one genotype to a host of another genotype with host and donor being members of the same species. [NIH]

**Alopecia:** Absence of hair from areas where it is normally present. [NIH]

**Alternative medicine:** Practices not generally recognized by the medical community as standard or conventional medical approaches and used instead of standard treatments. Alternative medicine includes the taking of dietary supplements, megadose vitamins, and herbal preparations; the drinking of special teas; and practices such as massage therapy, magnet therapy, spiritual healing, and meditation. [NIH]

**Amenorrhea:** Absence of menstruation. [NIH]

**Amino Acid Sequence:** The order of amino acids as they occur in a polypeptide chain. This is referred to as the primary structure of proteins. It is of fundamental importance in determining protein conformation. [NIH]

**Amino Acids:** Organic compounds that generally contain an amino (-NH2) and a carboxyl (-COOH) group. Twenty alpha-amino acids are the subunits which are polymerized to form proteins. [NIH]

**Amino Acids:** Organic compounds that generally contain an amino (-NH2) and a carboxyl (-COOH) group. Twenty alpha-amino acids are the subunits which are polymerized to form proteins. [NIH]

**Ammonia:** A colorless alkaline gas. It is formed in the body during decomposition of organic materials during a large number of metabolically important reactions. [NIH]

**Ampicillin:** Semi-synthetic derivative of penicillin that functions as an orally active broad-spectrum antibiotic. [NIH]

**Anaemia:** A reduction below normal in the number of erythrocytes per cu. mm., in the quantity of haemoglobin, or in the volume of packed red cells per 100 ml. of blood which occurs when the equilibrium between blood loss (through bleeding or destruction) and blood production is disturbed. [EU]

**Anaesthesia:** Loss of feeling or sensation. Although the term is used for loss of tactile sensibility, or of any of the other senses, it is applied especially to loss of the sensation of pain, as it is induced to permit performance of surgery or other painful procedures. [EU]

**Analog:** In chemistry, a substance that is similar, but not identical, to another. [NIH]

**Analytes:** A component of a test sample the presence of which has to be demonstrated. The term "analyte" includes where appropriate formed from the analyte during the analyses. [NIH]

**Anaphylatoxins:** The family of peptides C3a, C4a, C5a, and C5a des-arginine produced in the serum during complement activation. They produce smooth muscle contraction, mast cell histamine release, affect platelet aggregation, and act as mediators of the local inflammatory process. The order of anaphylatoxin activity from strongest to weakest is C5a, C3a, C4a, and C5a des-arginine. The latter is the so-called "classical" anaphylatoxin but shows no spasmogenic activity though it contains some chemotactic ability. [NIH]

**Anatomical:** Pertaining to anatomy, or to the structure of the organism. [EU]

**Androgens:** A class of sex hormones associated with the development and maintenance of the secondary male sex characteristics, sperm induction, and sexual differentiation. In addition to increasing virility and libido, they also increase nitrogen and water retention and stimulate skeletal growth. [NIH]

**Anemia:** A reduction in the number of circulating erythrocytes or in the quantity of hemoglobin. [NIH]

**Anesthesia:** A state characterized by loss of feeling or sensation. This depression of nerve function is usually the result of pharmacologic action and is induced to allow performance of surgery or other painful procedures. [NIH]

**Angiotensinogen:** An alpha-globulin of which a fragment of 14 amino acids is converted by renin to angiotensin I, the inactive precursor of angiotensin II. It is a member of the serpin superfamily. [NIH]

**Animal model:** An animal with a disease either the same as or like a disease in humans. Animal models are used to study the development and progression of diseases and to test new treatments before they are given to humans. Animals with transplanted human cancers or other tissues are called xenograft models. [NIH]

**Anorexia:** Lack or loss of appetite for food. Appetite is psychologic, dependent on memory and associations. Anorexia can be brought about by unattractive food, surroundings, or company. [NIH]

**Anorexia Nervosa:** The chief symptoms are inability to eat, weight loss, and amenorrhea. [NIH]

**Antiallergic:** Counteracting allergy or allergic conditions. [EU]

**Antibiotic:** A drug used to treat infections caused by bacteria and other microorganisms. [NIH]

**Antibodies:** Immunoglobulin molecules having a specific amino acid sequence by virtue of which they interact only with the antigen that induced their synthesis in cells of the lymphoid series (especially plasma cells), or with an antigen closely related to it. [NIH]

**Antibodies, Anticardiolipin:** Antiphospholipid antibodies found in association with systemic lupus erythematosus (lupus erythematosus, systemic), antiphospholipid syndrome, and in a variety of other diseases as well as in healthy individuals. The antibodies are detected by solid-phase immunoassay employing the purified phospholipid antigen cardiolipin. [NIH]

**Antibodies, Antiphospholipid:** Autoantibodies directed against phospholipids. These antibodies are characteristically found in patients with systemic lupus erythematosus, antiphospholipid syndrome, related autoimmune diseases, some non-autoimmune diseases, and also in healthy individuals. [NIH]

**Antibody:** A type of protein made by certain white blood cells in response to a foreign substance (antigen). Each antibody can bind to only a specific antigen. The purpose of this binding is to help destroy the antigen. Antibodies can work in several ways, depending on the nature of the antigen. Some antibodies destroy antigens directly. Others make it easier for white blood cells to destroy the antigen. [NIH]

**Anticoagulant:** A drug that helps prevent blood clots from forming. Also called a blood thinner. [NIH]

**Antidiuretic:** Suppressing the rate of urine formation. [EU]

**Antigen:** Any substance which is capable, under appropriate conditions, of inducing a specific immune response and of reacting with the products of that response, that is, with specific antibody or specifically sensitized T-lymphocytes, or both. Antigens may be soluble substances, such as toxins and foreign proteins, or particulate, such as bacteria and tissue cells; however, only the portion of the protein or polysaccharide molecule known as the antigenic determinant (q.v.) combines with antibody or a specific receptor on a lymphocyte. Abbreviated Ag. [EU]

**Antigen-Antibody Complex:** The complex formed by the binding of antigen and antibody molecules. The deposition of large antigen-antibody complexes leading to tissue damage causes immune complex diseases. [NIH]

**Anti-inflammatory:** Having to do with reducing inflammation. [NIH]

**Anti-Inflammatory Agents:** Substances that reduce or suppress inflammation. [NIH]

**Antineoplastic:** Inhibiting or preventing the development of neoplasms, checking the maturation and proliferation of malignant cells. [EU]

**Antiphospholipid Syndrome:** The presence of antibodies directed against phospholipids (antibodies, antiphospholipid). The condition is associated with a variety of diseases, notably systemic lupus erythematosus and other connective tissue diseases, thrombopenia, and arterial or venous thromboses. In pregnancy it can cause abortion. Of the phospholipids, the cardiolipins show markedly elevated levels of anticardiolipin antibodies (antibodies, anticardiolipin). Present also are high levels of lupus anticoagulant (lupus coagulation inhibitor). [NIH]

**Antipruritic:** Relieving or preventing itching. [EU]

**Aorta:** The main trunk of the systemic arteries. [NIH]

**Arginine:** An essential amino acid that is physiologically active in the L-form. [NIH]

**Aromatic:** Having a spicy odour. [EU]

**Arterial:** Pertaining to an artery or to the arteries. [EU]

**Arteries:** The vessels carrying blood away from the heart. [NIH]

**Arterioles:** The smallest divisions of the arteries located between the muscular arteries and the capillaries. [NIH]

**Arteritis:** Inflammation of an artery. [NIH]

**Ascites:** Accumulation or retention of free fluid within the peritoneal cavity. [NIH]

**Aspiration:** The act of inhaling. [NIH]

**Assay:** Determination of the amount of a particular constituent of a mixture, or of the biological or pharmacological potency of a drug. [EU]

**Astringents:** Agents, usually topical, that cause the contraction of tissues for the control of bleeding or secretions. [NIH]

**Atrial:** Pertaining to an atrium. [EU]

**Atrial Natriuretic Factor:** A potent natriuretic and vasodilatory peptide or mixture of different-sized low molecular weight peptides derived from a common precursor and secreted by the heart atria. All these peptides share a sequence of about 20 amino acids. [NIH]

**Atrioventricular:** Pertaining to an atrium of the heart and to a ventricle. [EU]

**Atrium:** A chamber; used in anatomical nomenclature to designate a chamber affording entrance to another structure or organ. Usually used alone to designate an atrium of the heart. [EU]

**Atrophic Gastritis:** Chronic irritation of the stomach lining. Causes the stomach lining and glands to wither away. [NIH]

**Atrophy:** Decrease in the size of a cell, tissue, organ, or multiple organs, associated with a variety of pathological conditions such as abnormal cellular changes, ischemia, malnutrition, or hormonal changes. [NIH]

**Auricular:** Pertaining to an auricle or to the ear, and, formerly, to an atrium of the heart. [EU]

**Autoantibodies:** Antibodies that react with self-antigens (autoantigens) of the organism that produced them. [NIH]

**Autoantigens:** Endogenous tissue constituents that have the ability to interact with autoantibodies and cause an immune response. [NIH]

**Autoimmune disease:** A condition in which the body recognizes its own tissues as foreign and directs an immune response against them. [NIH]

**Autoimmune Hepatitis:** A liver disease caused when the body's immune system destroys liver cells for no known reason. [NIH]

**Autoimmunity:** Process whereby the immune system reacts against the body's own tissues. Autoimmunity may produce or be caused by autoimmune diseases. [NIH]

**Bacteria:** Unicellular prokaryotic microorganisms which generally possess rigid cell walls, multiply by cell division, and exhibit three principal forms: round or coccal, rodlike or bacillary, and spiral or spirochetal. [NIH]

**Basal metabolic rate:** Represents the minimum energy expenditure required for the maintenance of vital functions; normally the amount of energy expended, measured in calories, per unit of time at rest; measured after 14-18 hours of rest. [NIH]

**Base:** In chemistry, the nonacid part of a salt; a substance that combines with acids to form salts; a substance that dissociates to give hydroxide ions in aqueous solutions; a substance whose molecule or ion can combine with a proton (hydrogen ion); a substance capable of donating a pair of electrons (to an acid) for the formation of a coordinate covalent bond. [EU]

**Benign:** Not cancerous; does not invade nearby tissue or spread to other parts of the body. [NIH]

**Bereavement:** Refers to the whole process of grieving and mourning and is associated with a deep sense of loss and sadness. [NIH]

**Beta-Endorphin:** A peptide consisting of amino acid sequence 61-91 of the endogenous pituitary hormone beta-lipotropin. The first four amino acids show a common tetrapeptide sequence with methionine- and leucine enkephalin. The compound shows opiate-like activity. Injection of beta-endorphin induces a profound analgesia of the whole body for several hours. This action is reversed after administration of naloxone. [NIH]

**Bilateral:** Affecting both the right and left side of body. [NIH]

**Bile:** An emulsifying agent produced in the liver and secreted into the duodenum. Its composition includes bile acids and salts, cholesterol, and electrolytes. It aids digestion of fats in the duodenum. [NIH]

**Bile Acids:** Acids made by the liver that work with bile to break down fats. [NIH]

**Bile Pigments:** Pigments that give a characteristic color to bile including: bilirubin, biliverdine, and bilicyanin. [NIH]

**Binding Sites:** The reactive parts of a macromolecule that directly participate in its specific combination with another molecule. [NIH]

**Biochemical:** Relating to biochemistry; characterized by, produced by, or involving chemical reactions in living organisms. [EU]

**Biopsy:** Removal and pathologic examination of specimens in the form of small pieces of tissue from the living body. [NIH]

**Bladder:** The organ that stores urine. [NIH]

**Blastomycosis:** A fungal infection that may appear in two forms: 1) a primary lesion characterized by the formation of a small cutaneous nodule and small nodules along the lymphatics that may heal within several months; and 2) chronic granulomatous lesions characterized by thick crusts, warty growths, and unusual vascularity and infection in the middle or upper lobes of the lung. [NIH]

**Blister:** Visible accumulations of fluid within or beneath the epidermis. [NIH]

**Blood Cell Count:** A count of the number of leukocytes and erythrocytes per unit volume in a sample of venous blood. A complete blood count (CBC) also includes measurement of the hemoglobin, hematocrit, and erythrocyte indices. [NIH]

**Blood Coagulation:** The process of the interaction of blood coagulation factors that results in an insoluble fibrin clot. [NIH]

**Blood Glucose:** Glucose in blood. [NIH]

**Blood pressure:** The pressure of blood against the walls of a blood vessel or heart chamber. Unless there is reference to another location, such as the pulmonary artery or one of the heart chambers, it refers to the pressure in the systemic arteries, as measured, for example, in the forearm. [NIH]

**Blood vessel:** A tube in the body through which blood circulates. Blood vessels include a network of arteries, arterioles, capillaries, venules, and veins. [NIH]

**Blood-Brain Barrier:** Specialized non-fenestrated tightly-joined endothelial cells (tight junctions) that form a transport barrier for certain substances between the cerebral capillaries and the brain tissue. [NIH]

**Body Fluids:** Liquid components of living organisms. [NIH]

**Bowel:** The long tube-shaped organ in the abdomen that completes the process of digestion. There is both a small and a large bowel. Also called the intestine. [NIH]

**Brain Diseases:** Pathologic conditions affecting the brain, which is composed of the intracranial components of the central nervous system. This includes (but is not limited to) the cerebral cortex; intracranial white matter; basal ganglia; thalamus; hypothalamus; brain

stem; and cerebellum. [NIH]

**Brain Stem:** The part of the brain that connects the cerebral hemispheres with the spinal cord. It consists of the mesencephalon, pons, and medulla oblongata. [NIH]

**Branch:** Most commonly used for branches of nerves, but applied also to other structures. [NIH]

**Broad-spectrum:** Effective against a wide range of microorganisms; said of an antibiotic. [EU]

**Buccal:** Pertaining to or directed toward the cheek. In dental anatomy, used to refer to the buccal surface of a tooth. [EU]

**Bulbar:** Pertaining to a bulb; pertaining to or involving the medulla oblongata, as bulbar paralysis. [EU]

**Calcification:** Deposits of calcium in the tissues of the breast. Calcification in the breast can be seen on a mammogram, but cannot be detected by touch. There are two types of breast calcification, macrocalcification and microcalcification. Macrocalcifications are large deposits and are usually not related to cancer. Microcalcifications are specks of calcium that may be found in an area of rapidly dividing cells. Many microcalcifications clustered together may be a sign of cancer. [NIH]

**Calcium:** A basic element found in nearly all organized tissues. It is a member of the alkaline earth family of metals with the atomic symbol Ca, atomic number 20, and atomic weight 40. Calcium is the most abundant mineral in the body and combines with phosphorus to form calcium phosphate in the bones and teeth. It is essential for the normal functioning of nerves and muscles and plays a role in blood coagulation (as factor IV) and in many enzymatic processes. [NIH]

**Candidiasis:** Infection with a fungus of the genus Candida. It is usually a superficial infection of the moist cutaneous areas of the body, and is generally caused by C. albicans; it most commonly involves the skin (dermatocandidiasis), oral mucous membranes (thrush, def. 1), respiratory tract (bronchocandidiasis), and vagina (vaginitis). Rarely there is a systemic infection or endocarditis. Called also moniliasis, candidosis, oidiomycosis, and formerly blastodendriosis. [EU]

**Candidosis:** An infection caused by an opportunistic yeasts that tends to proliferate and become pathologic when the environment is favorable and the host resistance is weakened. [NIH]

**Carbenoxolone:** An agent derived from licorice root. It is used for the treatment of digestive tract ulcers, especially in the stomach. Antidiuretic side effects are frequent, but otherwise the drug is low in toxicity. [NIH]

**Carbohydrate:** An aldehyde or ketone derivative of a polyhydric alcohol, particularly of the pentahydric and hexahydric alcohols. They are so named because the hydrogen and oxygen are usually in the proportion to form water, (CH2O)n. The most important carbohydrates are the starches, sugars, celluloses, and gums. They are classified into mono-, di-, tri-, poly- and heterosaccharides. [EU]

**Carcinogenic:** Producing carcinoma. [EU]

**Carcinoid:** A type of tumor usually found in the gastrointestinal system (most often in the appendix), and sometimes in the lungs or other sites. Carcinoid tumors are usually benign. [NIH]

**Carcinoma:** Cancer that begins in the skin or in tissues that line or cover internal organs. [NIH]

**Cardiac:** Having to do with the heart. [NIH]

**Cardiomyopathy:** A general diagnostic term designating primary myocardial disease, often

of obscure or unknown etiology. [EU]

**Case report:** A detailed report of the diagnosis, treatment, and follow-up of an individual patient. Case reports also contain some demographic information about the patient (for example, age, gender, ethnic origin). [NIH]

**Case series:** A group or series of case reports involving patients who were given similar treatment. Reports of case series usually contain detailed information about the individual patients. This includes demographic information (for example, age, gender, ethnic origin) and information on diagnosis, treatment, response to treatment, and follow-up after treatment. [NIH]

**Catalyse:** To speed up a chemical reaction. [EU]

**Catecholamines:** A general class of ortho-dihydroxyphenylalkylamines derived from tyrosine. [NIH]

**Cauda Equina:** The lower part of the spinal cord consisting of the lumbar, sacral, and coccygeal nerve roots. [NIH]

**Caudal:** Denoting a position more toward the cauda, or tail, than some specified point of reference; same as inferior, in human anatomy. [EU]

**Celiac Disease:** A disease characterized by intestinal malabsorption and precipitated by gluten-containing foods. The intestinal mucosa shows loss of villous structure. [NIH]

**Cell:** The individual unit that makes up all of the tissues of the body. All living things are made up of one or more cells. [NIH]

**Cell Transplantation:** Transference of cells within an individual, between individuals of the same species, or between individuals of different species. [NIH]

**Central Nervous System:** The main information-processing organs of the nervous system, consisting of the brain, spinal cord, and meninges. [NIH]

**Cerebral:** Of or pertaining of the cerebrum or the brain. [EU]

**Cerebral Palsy:** Refers to a motor disability caused by a brain dysfunction. [NIH]

**Cerebrospinal:** Pertaining to the brain and spinal cord. [EU]

**Cerebrospinal fluid:** CSF. The fluid flowing around the brain and spinal cord. Cerebrospinal fluid is produced in the ventricles in the brain. [NIH]

**Cerebrum:** The largest part of the brain. It is divided into two hemispheres, or halves, called the cerebral hemispheres. The cerebrum controls muscle functions of the body and also controls speech, emotions, reading, writing, and learning. [NIH]

**Chemotactic Factors:** Chemical substances that attract or repel cells or organisms. The concept denotes especially those factors released as a result of tissue injury, invasion, or immunologic activity, that attract leukocytes, macrophages, or other cells to the site of infection or insult. [NIH]

**Chemotherapy:** Treatment with anticancer drugs. [NIH]

**Cholesterol:** The principal sterol of all higher animals, distributed in body tissues, especially the brain and spinal cord, and in animal fats and oils. [NIH]

**Chromosome:** Part of a cell that contains genetic information. Except for sperm and eggs, all human cells contain 46 chromosomes. [NIH]

**Chronic:** A disease or condition that persists or progresses over a long period of time. [NIH]

**Chronic Fatigue Syndrome:** Fatigue caused by the combined effects of different types of prolonged fatigue. [NIH]

**Circadian:** Repeated more or less daily, i. e. on a 23- to 25-hour cycle. [NIH]

**Circadian Rhythm:** The regular recurrence, in cycles of about 24 hours, of biological processes or activities, such as sensitivity to drugs and stimuli, hormone secretion, sleeping, feeding, etc. This rhythm seems to be set by a 'biological clock' which seems to be set by recurring daylight and darkness. [NIH]

**Clinical Medicine:** The study and practice of medicine by direct examination of the patient. [NIH]

**Clinical study:** A research study in which patients receive treatment in a clinic or other medical facility. Reports of clinical studies can contain results for single patients (case reports) or many patients (case series or clinical trials). [NIH]

**Clinical trial:** A research study that tests how well new medical treatments or other interventions work in people. Each study is designed to test new methods of screening, prevention, diagnosis, or treatment of a disease. [NIH]

**Cloning:** The production of a number of genetically identical individuals; in genetic engineering, a process for the efficient replication of a great number of identical DNA molecules. [NIH]

**Coagulation:** 1. The process of clot formation. 2. In colloid chemistry, the solidification of a sol into a gelatinous mass; an alteration of a disperse phase or of a dissolved solid which causes the separation of the system into a liquid phase and an insoluble mass called the clot or curd. Coagulation is usually irreversible. 3. In surgery, the disruption of tissue by physical means to form an amorphous residuum, as in electrocoagulation and photocoagulation. [EU]

**Coccidioidomycosis:** An infectious disease caused by a fungus, Coccidioides immitis, that is prevalent in the western United States and is acquired by inhalation of dust containing the spores. [NIH]

**Cofactor:** A substance, microorganism or environmental factor that activates or enhances the action of another entity such as a disease-causing agent. [NIH]

**Colitis:** Inflammation of the colon. [NIH]

**Collagen:** A polypeptide substance comprising about one third of the total protein in mammalian organisms. It is the main constituent of skin, connective tissue, and the organic substance of bones and teeth. Different forms of collagen are produced in the body but all consist of three alpha-polypeptide chains arranged in a triple helix. Collagen is differentiated from other fibrous proteins, such as elastin, by the content of proline, hydroxyproline, and hydroxylysine; by the absence of tryptophan; and particularly by the high content of polar groups which are responsible for its swelling properties. [NIH]

**Collagen disease:** A term previously used to describe chronic diseases of the connective tissue (e.g., rheumatoid arthritis, systemic lupus erythematosus, and systemic sclerosis), but now is thought to be more appropriate for diseases associated with defects in collagen, which is a component of the connective tissue. [NIH]

**Collapse:** 1. A state of extreme prostration and depression, with failure of circulation. 2. Abnormal falling in of the walls of any part of organ. [EU]

**Complement:** A term originally used to refer to the heat-labile factor in serum that causes immune cytolysis, the lysis of antibody-coated cells, and now referring to the entire functionally related system comprising at least 20 distinct serum proteins that is the effector not only of immune cytolysis but also of other biologic functions. Complement activation occurs by two different sequences, the classic and alternative pathways. The proteins of the classic pathway are termed 'components of complement' and are designated by the symbols C1 through C9. C1 is a calcium-dependent complex of three distinct proteins C1q, C1r and C1s. The proteins of the alternative pathway (collectively referred to as the properdin

system) and complement regulatory proteins are known by semisystematic or trivial names. Fragments resulting from proteolytic cleavage of complement proteins are designated with lower-case letter suffixes, e.g., C3a. Inactivated fragments may be designated with the suffix 'i', e.g. C3bi. Activated components or complexes with biological activity are designated by a bar over the symbol e.g. C1 or C4b,2a. The classic pathway is activated by the binding of C1 to classic pathway activators, primarily antigen-antibody complexes containing IgM, IgG1, IgG3; C1q binds to a single IgM molecule or two adjacent IgG molecules. The alternative pathway can be activated by IgA immune complexes and also by nonimmunologic materials including bacterial endotoxins, microbial polysaccharides, and cell walls. Activation of the classic pathway triggers an enzymatic cascade involving C1, C4, C2 and C3; activation of the alternative pathway triggers a cascade involving C3 and factors B, D and P. Both result in the cleavage of C5 and the formation of the membrane attack complex. Complement activation also results in the formation of many biologically active complement fragments that act as anaphylatoxins, opsonins, or chemotactic factors. [EU]

**Complementary and alternative medicine:** CAM. Forms of treatment that are used in addition to (complementary) or instead of (alternative) standard treatments. These practices are not considered standard medical approaches. CAM includes dietary supplements, megadose vitamins, herbal preparations, special teas, massage therapy, magnet therapy, spiritual healing, and meditation. [NIH]

**Complementary medicine:** Practices not generally recognized by the medical community as standard or conventional medical approaches and used to enhance or complement the standard treatments. Complementary medicine includes the taking of dietary supplements, megadose vitamins, and herbal preparations; the drinking of special teas; and practices such as massage therapy, magnet therapy, spiritual healing, and meditation. [NIH]

**Computational Biology:** A field of biology concerned with the development of techniques for the collection and manipulation of biological data, and the use of such data to make biological discoveries or predictions. This field encompasses all computational methods and theories applicable to molecular biology and areas of computer-based techniques for solving biological problems including manipulation of models and datasets. [NIH]

**Computed tomography:** CT scan. A series of detailed pictures of areas inside the body, taken from different angles; the pictures are created by a computer linked to an x-ray machine. Also called computerized tomography and computerized axial tomography (CAT) scan. [NIH]

**Computerized axial tomography:** A series of detailed pictures of areas inside the body, taken from different angles; the pictures are created by a computer linked to an x-ray machine. Also called CAT scan, computed tomography (CT scan), or computerized tomography. [NIH]

**Computerized tomography:** A series of detailed pictures of areas inside the body, taken from different angles; the pictures are created by a computer linked to an x-ray machine. Also called computerized axial tomography (CAT) scan and computed tomography (CT scan). [NIH]

**Conception:** The onset of pregnancy, marked by implantation of the blastocyst; the formation of a viable zygote. [EU]

**Confusion:** A mental state characterized by bewilderment, emotional disturbance, lack of clear thinking, and perceptual disorientation. [NIH]

**Congenita:** Displacement, subluxation, or malposition of the crystalline lens. [NIH]

**Conjugated:** Acting or operating as if joined; simultaneous. [EU]

**Connective Tissue:** Tissue that supports and binds other tissues. It consists of connective

tissue cells embedded in a large amount of extracellular matrix. [NIH]

**Connective Tissue:** Tissue that supports and binds other tissues. It consists of connective tissue cells embedded in a large amount of extracellular matrix. [NIH]

**Connective Tissue Diseases:** A heterogeneous group of disorders, some hereditary, others acquired, characterized by abnormal structure or function of one or more of the elements of connective tissue, i.e., collagen, elastin, or the mucopolysaccharides. [NIH]

**Consciousness:** Sense of awareness of self and of the environment. [NIH]

**Constitutional:** 1. Affecting the whole constitution of the body; not local. 2. Pertaining to the constitution. [EU]

**Contact dermatitis:** Inflammation of the skin with varying degrees of erythema, edema and vesinculation resulting from cutaneous contact with a foreign substance or other exposure. [NIH]

**Contraindications:** Any factor or sign that it is unwise to pursue a certain kind of action or treatment, e. g. giving a general anesthetic to a person with pneumonia. [NIH]

**Conversion Disorder:** A disorder whose predominant feature is a loss or alteration in physical functioning that suggests a physical disorder but that is actually a direct expression of a psychological conflict or need. [NIH]

**Convulsions:** A general term referring to sudden and often violent motor activity of cerebral or brainstem origin. Convulsions may also occur in the absence of an electrical cerebral discharge (e.g., in response to hypotension). [NIH]

**Coordination:** Muscular or motor regulation or the harmonious cooperation of muscles or groups of muscles, in a complex action or series of actions. [NIH]

**Cor:** The muscular organ that maintains the circulation of the blood. c. adiposum a heart that has undergone fatty degeneration or that has an accumulation of fat around it; called also fat or fatty, heart. c. arteriosum the left side of the heart, so called because it contains oxygenated (arterial) blood. c. biloculare a congenital anomaly characterized by failure of formation of the atrial and ventricular septums, the heart having only two chambers, a single atrium and a single ventricle, and a common atrioventricular valve. c. bovinum (L. 'ox heart') a greatly enlarged heart due to a hypertrophied left ventricle; called also c. taurinum and bucardia. c. dextrum (L. 'right heart') the right atrium and ventricle. c. hirsutum, c. villosum. c. mobile (obs.) an abnormally movable heart. c. pendulum a heart so movable that it seems to be hanging by the great blood vessels. c. pseudotriloculare biatriatum a congenital cardiac anomaly in which the heart functions as a three-chambered heart because of tricuspid atresia, the right ventricle being extremely small or rudimentary and the right atrium greatly dilated. Blood passes from the right to the left atrium and thence disease due to pulmonary hypertension secondary to disease of the lung, or its blood vessels, with hypertrophy of the right ventricle. [EU]

**Corneum:** The superficial layer of the epidermis containing keratinized cells. [NIH]

**Coronary:** Encircling in the manner of a crown; a term applied to vessels; nerves, ligaments, etc. The term usually denotes the arteries that supply the heart muscle and, by extension, a pathologic involvement of them. [EU]

**Coronary Thrombosis:** Presence of a thrombus in a coronary artery, often causing a myocardial infarction. [NIH]

**Corpuscle:** A small mass or body; a sensory nerve end bulb; a cell, especially that of the blood or the lymph. [NIH]

**Cortex:** The outer layer of an organ or other body structure, as distinguished from the internal substance. [EU]

**Cortical:** Pertaining to or of the nature of a cortex or bark. [EU]

**Corticosteroid:** Any of the steroids elaborated by the adrenal cortex (excluding the sex hormones of adrenal origin) in response to the release of corticotrophin (adrenocorticotropic hormone) by the pituitary gland, to any of the synthetic equivalents of these steroids, or to angiotensin II. They are divided, according to their predominant biological activity, into three major groups: glucocorticoids, chiefly influencing carbohydrate, fat, and protein metabolism; mineralocorticoids, affecting the regulation of electrolyte and water balance; and C19 androgens. Some corticosteroids exhibit both types of activity in varying degrees, and others exert only one type of effect. The corticosteroids are used clinically for hormonal replacement therapy, for suppression of ACTH secretion by the anterior pituitary, as antineoplastic, antiallergic, and anti-inflammatory agents, and to suppress the immune response. Called also adrenocortical hormone and corticoid. [EU]

**Corticotropin-Releasing Hormone:** A neuropeptide released by the hypothalamus that stimulates the release of corticotropin by the anterior pituitary gland. [NIH]

**Cortisol:** A steroid hormone secreted by the adrenal cortex as part of the body's response to stress. [NIH]

**Cortisone:** A natural steroid hormone produced in the adrenal gland. It can also be made in the laboratory. Cortisone reduces swelling and can suppress immune responses. [NIH]

**Cosyntropin:** Alpha(1-24)-Corticotropin. A synthetic polypeptide with adrenocorticotropic activity. [NIH]

**Cranial:** Pertaining to the cranium, or to the anterior (in animals) or superior (in humans) end of the body. [EU]

**Cutaneous:** Having to do with the skin. [NIH]

**Cyproheptadine:** A serotonin antagonist and a histamine H1 blocker used as antipruritic, appetite stimulant, antiallergic, and for the post-gastrectomy dumping syndrome, etc. [NIH]

**Cytochrome:** Any electron transfer hemoprotein having a mode of action in which the transfer of a single electron is effected by a reversible valence change of the central iron atom of the heme prosthetic group between the +2 and +3 oxidation states; classified as cytochromes a in which the heme contains a formyl side chain, cytochromes b, which contain protoheme or a closely similar heme that is not covalently bound to the protein, cytochromes c in which protoheme or other heme is covalently bound to the protein, and cytochromes d in which the iron-tetrapyrrole has fewer conjugated double bonds than the hemes have. Well-known cytochromes have been numbered consecutively within groups and are designated by subscripts (beginning with no subscript), e.g. cytochromes c, c1, C2, . New cytochromes are named according to the wavelength in nanometres of the absorption maximum of the a-band of the iron (II) form in pyridine, e.g., c-555. [EU]

**Cytomegalovirus:** A genus of the family Herpesviridae, subfamily Betaherpesvirinae, infecting the salivary glands, liver, spleen, lungs, eyes, and other organs, in which they produce characteristically enlarged cells with intranuclear inclusions. Infection with Cytomegalovirus is also seen as an opportunistic infection in AIDS. [NIH]

**Cytotoxic:** Cell-killing. [NIH]

**Daclizumab:** A monoclonal antibody that is being studied for treatment of adult T-cell leukemia. Also called dacliximab. Monoclonal antibodies are laboratory-produced substances that can locate and bind to cancer cells. [NIH]

**Databases, Bibliographic:** Extensive collections, reputedly complete, of references and citations to books, articles, publications, etc., generally on a single subject or specialized subject area. Databases can operate through automated files, libraries, or computer disks.

The concept should be differentiated from factual databases which is used for collections of data and facts apart from bibliographic references to them. [NIH]

**Degenerative:** Undergoing degeneration : tending to degenerate; having the character of or involving degeneration; causing or tending to cause degeneration. [EU]

**Dehydroepiandrosterone:** DHEA. A substance that is being studied as a cancer prevention drug. It belongs to the family of drugs called steroids. [NIH]

**Delusions:** A false belief regarding the self or persons or objects outside the self that persists despite the facts, and is not considered tenable by one's associates. [NIH]

**Dementia:** An acquired organic mental disorder with loss of intellectual abilities of sufficient severity to interfere with social or occupational functioning. The dysfunction is multifaceted and involves memory, behavior, personality, judgment, attention, spatial relations, language, abstract thought, and other executive functions. The intellectual decline is usually progressive, and initially spares the level of consciousness. [NIH]

**Density:** The logarithm to the base 10 of the opacity of an exposed and processed film. [NIH]

**Dental Care:** The total of dental diagnostic, preventive, and restorative services provided to meet the needs of a patient (from Illustrated Dictionary of Dentistry, 1982). [NIH]

**Depigmentation:** Removal or loss of pigment, especially melanin. [EU]

**Dermatitis:** Any inflammation of the skin. [NIH]

**Desoxycorticosterone:** 21-Hydroxypregn-4-ene-3,20-dione. Mineralocorticoid. Desoxycorticosterone acetate (DOCA) is used as replacement therapy in Addison's Disease. [NIH]

**DHEA:** Dehydroepiandrosterone. A substance that is being studied as a cancer prevention drug. It belongs to the family of drugs called steroids. [NIH]

**Diabetes Insipidus:** A metabolic disorder due to disorders in the production or release of vasopressin. It is characterized by the chronic excretion of large amounts of low specific gravity urine and great thirst. [NIH]

**Diabetes Mellitus:** A heterogeneous group of disorders that share glucose intolerance in common. [NIH]

**Diagnostic procedure:** A method used to identify a disease. [NIH]

**Diastolic:** Of or pertaining to the diastole. [EU]

**Diencephalon:** The paired caudal parts of the prosencephalon from which the thalamus, hypothalamus, epithalamus, and subthalamus are derived. [NIH]

**Diffusion:** The tendency of a gas or solute to pass from a point of higher pressure or concentration to a point of lower pressure or concentration and to distribute itself throughout the available space; a major mechanism of biological transport. [NIH]

**Digestion:** The process of breakdown of food for metabolism and use by the body. [NIH]

**Digestive tract:** The organs through which food passes when food is eaten. These organs are the mouth, esophagus, stomach, small and large intestines, and rectum. [NIH]

**Direct:** 1. Straight; in a straight line. 2. Performed immediately and without the intervention of subsidiary means. [EU]

**Disease Susceptibility:** A constitution or condition of the body which makes the tissues react in special ways to certain extrinsic stimuli and thus tends to make the individual more than usually susceptible to certain diseases. [NIH]

**Distal:** Remote; farther from any point of reference; opposed to proximal. In dentistry, used to designate a position on the dental arch farther from the median line of the jaw. [EU]

**Dopa:** The racemic or DL form of DOPA, an amino acid found in various legumes. The dextro form has little physiologic activity but the levo form (levodopa) is a very important physiologic mediator and precursor and pharmacological agent. [NIH]

**Dopamine:** An endogenous catecholamine and prominent neurotransmitter in several systems of the brain. In the synthesis of catecholamines from tyrosine, it is the immediate precursor to norepinephrine and epinephrine. Dopamine is a major transmitter in the extrapyramidal system of the brain, and important in regulating movement. A family of dopaminergic receptor subtypes mediate its action. Dopamine is used pharmacologically for its direct (beta adrenergic agonist) and indirect (adrenergic releasing) sympathomimetic effects including its actions as an inotropic agent and as a renal vasodilator. [NIH]

**Duct:** A tube through which body fluids pass. [NIH]

**Dumping Syndrome:** Gastrointestinal symptoms resulting from an absent or nonfunctioning pylorus. [NIH]

**Duodenum:** The first part of the small intestine. [NIH]

**Dyscrasia:** A term formerly used to indicate an abnormal mixture of the four humours; in surviving usages it now is roughly synonymous with 'disease' or 'pathologic condition'. [EU]

**Dyspnea:** Difficult or labored breathing. [NIH]

**Edema:** Excessive amount of watery fluid accumulated in the intercellular spaces, most commonly present in subcutaneous tissue. [NIH]

**Effector:** It is often an enzyme that converts an inactive precursor molecule into an active second messenger. [NIH]

**Efficacy:** The extent to which a specific intervention, procedure, regimen, or service produces a beneficial result under ideal conditions. Ideally, the determination of efficacy is based on the results of a randomized control trial. [NIH]

**Electroacupuncture:** A form of acupuncture using low frequency electrically stimulated needles to produce analgesia and anesthesia and to treat disease. [NIH]

**Electrolyte:** A substance that dissociates into ions when fused or in solution, and thus becomes capable of conducting electricity; an ionic solute. [EU]

**Emaciation:** Clinical manifestation of excessive leanness usually caused by disease or a lack of nutrition. [NIH]

**Embryo:** The prenatal stage of mammalian development characterized by rapid morphological changes and the differentiation of basic structures. [NIH]

**Embryo Transfer:** Removal of a mammalian embryo from one environment and replacement in the same or a new environment. The embryo is usually in the pre-nidation phase, i.e., a blastocyst. The process includes embryo or blastocyst transplantation or transfer after in vitro fertilization and transfer of the inner cell mass of the blastocyst. It is not used for transfer of differentiated embryonic tissue, e.g., germ layer cells. [NIH]

**Encephalopathy:** A disorder of the brain that can be caused by disease, injury, drugs, or chemicals. [NIH]

**Endemic:** Present or usually prevalent in a population or geographical area at all times; said of a disease or agent. Called also endemial. [EU]

**Endocarditis:** Exudative and proliferative inflammatory alterations of the endocardium, characterized by the presence of vegetations on the surface of the endocardium or in the endocardium itself, and most commonly involving a heart valve, but sometimes affecting the inner lining of the cardiac chambers or the endocardium elsewhere. It may occur as a primary disorder or as a complication of or in association with another disease. [EU]

**Endocrine System:** The system of glands that release their secretions (hormones) directly into the circulatory system. In addition to the endocrine glands, included are the chromaffin system and the neurosecretory systems. [NIH]

**Endocrinology:** A subspecialty of internal medicine concerned with the metabolism, physiology, and disorders of the endocrine system. [NIH]

**Endotoxins:** Toxins closely associated with the living cytoplasm or cell wall of certain microorganisms, which do not readily diffuse into the culture medium, but are released upon lysis of the cells. [NIH]

**Enkephalin:** A natural opiate painkiller, in the hypothalamus. [NIH]

**Environmental Health:** The science of controlling or modifying those conditions, influences, or forces surrounding man which relate to promoting, establishing, and maintaining health. [NIH]

**Enzymatic:** Phase where enzyme cuts the precursor protein. [NIH]

**Enzyme:** A protein that speeds up chemical reactions in the body. [NIH]

**Eosinophilia:** Abnormal increase in eosinophils in the blood, tissues or organs. [NIH]

**Eosinophils:** Granular leukocytes with a nucleus that usually has two lobes connected by a slender thread of chromatin, and cytoplasm containing coarse, round granules that are uniform in size and stainable by eosin. [NIH]

**Epidemic:** Occurring suddenly in numbers clearly in excess of normal expectancy; said especially of infectious diseases but applied also to any disease, injury, or other health-related event occurring in such outbreaks. [EU]

**Epidermis:** Nonvascular layer of the skin. It is made up, from within outward, of five layers: 1) basal layer (stratum basale epidermidis); 2) spinous layer (stratum spinosum epidermidis); 3) granular layer (stratum granulosum epidermidis); 4) clear layer (stratum lucidum epidermidis); and 5) horny layer (stratum corneum epidermidis). [NIH]

**Epigastric:** Having to do with the upper middle area of the abdomen. [NIH]

**Epithelial:** Refers to the cells that line the internal and external surfaces of the body. [NIH]

**Epithelial Cells:** Cells that line the inner and outer surfaces of the body. [NIH]

**Epitope:** A molecule or portion of a molecule capable of binding to the combining site of an antibody. For every given antigenic determinant, the body can construct a variety of antibody-combining sites, some of which fit almost perfectly, and others which barely fit. [NIH]

**Epitope Mapping:** Methods used for studying the interactions of antibodies with specific regions of protein antigens. Important applications of epitope mapping are found within the area of immunochemistry. [NIH]

**Erythema:** Redness of the skin produced by congestion of the capillaries. This condition may result from a variety of causes. [NIH]

**Erythrocytes:** Red blood cells. Mature erythrocytes are non-nucleated, biconcave disks containing hemoglobin whose function is to transport oxygen. [NIH]

**Esophagus:** The muscular tube through which food passes from the throat to the stomach. [NIH]

**Esterification:** The process of converting an acid into an alkyl or aryl derivative. Most frequently the process consists of the reaction of an acid with an alcohol in the presence of a trace of mineral acid as catalyst or the reaction of an acyl chloride with an alcohol. Esterification can also be accomplished by enzymatic processes. [NIH]

**Estrogen:** One of the two female sex hormones. [NIH]

**Exhaustion:** The feeling of weariness of mind and body. [NIH]

**Exocrine:** Secreting outwardly, via a duct. [EU]

**Extensor:** A muscle whose contraction tends to straighten a limb; the antagonist of a flexor. [NIH]

**Extracellular:** Outside a cell or cells. [EU]

**Eye Movements:** Voluntary or reflex-controlled movements of the eye. [NIH]

**Family Planning:** Programs or services designed to assist the family in controlling reproduction by either improving or diminishing fertility. [NIH]

**Fat:** Total lipids including phospholipids. [NIH]

**Fatigue:** The state of weariness following a period of exertion, mental or physical, characterized by a decreased capacity for work and reduced efficiency to respond to stimuli. [NIH]

**Feces:** The excrement discharged from the intestines, consisting of bacteria, cells exfoliated from the intestines, secretions, chiefly of the liver, and a small amount of food residue. [EU]

**Fertilization in Vitro:** Fertilization of an egg outside the body when the egg is normally fertilized in the body. [NIH]

**Fetal Growth Retardation:** The failure of a fetus to attain its expected growth potential at any gestational stage. [NIH]

**Fetus:** The developing offspring from 7 to 8 weeks after conception until birth. [NIH]

**Fibrosis:** Any pathological condition where fibrous connective tissue invades any organ, usually as a consequence of inflammation or other injury. [NIH]

**Fludrocortisone:** A synthetic mineralocorticoid with anti-inflammatory activity. [NIH]

**Fluorescence:** The property of emitting radiation while being irradiated. The radiation emitted is usually of longer wavelength than that incident or absorbed, e.g., a substance can be irradiated with invisible radiation and emit visible light. X-ray fluorescence is used in diagnosis. [NIH]

**Forearm:** The part between the elbow and the wrist. [NIH]

**Fungus:** A general term used to denote a group of eukaryotic protists, including mushrooms, yeasts, rusts, moulds, smuts, etc., which are characterized by the absence of chlorophyll and by the presence of a rigid cell wall composed of chitin, mannans, and sometimes cellulose. They are usually of simple morphological form or show some reversible cellular specialization, such as the formation of pseudoparenchymatous tissue in the fruiting body of a mushroom. The dimorphic fungi grow, according to environmental conditions, as moulds or yeasts. [EU]

**Ganglia:** Clusters of multipolar neurons surrounded by a capsule of loosely organized connective tissue located outside the central nervous system. [NIH]

**Gastrectomy:** An operation to remove all or part of the stomach. [NIH]

**Gastric:** Having to do with the stomach. [NIH]

**Gastrin:** A hormone released after eating. Gastrin causes the stomach to produce more acid. [NIH]

**Gastrointestinal:** Refers to the stomach and intestines. [NIH]

**Gene:** The functional and physical unit of heredity passed from parent to offspring. Genes are pieces of DNA, and most genes contain the information for making a specific protein. [NIH]

**Genetic Engineering:** Directed modification of the gene complement of a living organism by

such techniques as altering the DNA, substituting genetic material by means of a virus, transplanting whole nuclei, transplanting cell hybrids, etc. [NIH]

**Genetics:** The biological science that deals with the phenomena and mechanisms of heredity. [NIH]

**Genital:** Pertaining to the genitalia. [EU]

**Genotype:** The genetic constitution of the individual; the characterization of the genes. [NIH]

**Gestation:** The period of development of the young in viviparous animals, from the time of fertilization of the ovum until birth. [EU]

**Gestation period:** The period of development of the young from the time of conception until birth. [NIH]

**Gestational:** Psychosis attributable to or occurring during pregnancy. [NIH]

**Giant Cells:** Multinucleated masses produced by the fusion of many cells; often associated with viral infections. In AIDS, they are induced when the envelope glycoprotein of the HIV virus binds to the CD4 antigen of uninfected neighboring T4 cells. The resulting syncytium leads to cell death and thus may account for the cytopathic effect of the virus. [NIH]

**Gland:** An organ that produces and releases one or more substances for use in the body. Some glands produce fluids that affect tissues or organs. Others produce hormones or participate in blood production. [NIH]

**Glomerular:** Pertaining to or of the nature of a glomerulus, especially a renal glomerulus. [EU]

**Glomerulus:** A tiny set of looping blood vessels in the nephron where blood is filtered in the kidney. [NIH]

**Glucocorticoid:** A compound that belongs to the family of compounds called corticosteroids (steroids). Glucocorticoids affect metabolism and have anti-inflammatory and immunosuppressive effects. They may be naturally produced (hormones) or synthetic (drugs). [NIH]

**Glucose:** D-Glucose. A primary source of energy for living organisms. It is naturally occurring and is found in fruits and other parts of plants in its free state. It is used therapeutically in fluid and nutrient replacement. [NIH]

**Glucose Intolerance:** A pathological state in which the fasting plasma glucose level is less than 140 mg per deciliter and the 30-, 60-, or 90-minute plasma glucose concentration following a glucose tolerance test exceeds 200 mg per deciliter. This condition is seen frequently in diabetes mellitus but also occurs with other diseases. [NIH]

**Glucose tolerance:** The power of the normal liver to absorb and store large quantities of glucose and the effectiveness of intestinal absorption of glucose. The glucose tolerance test is a metabolic test of carbohydrate tolerance that measures active insulin, a hepatic function based on the ability of the liver to absorb glucose. The test consists of ingesting 100 grams of glucose into a fasting stomach; blood sugar should return to normal in 2 to 21 hours after ingestion. [NIH]

**Glucose Tolerance Test:** Determination of whole blood or plasma sugar in a fasting state before and at prescribed intervals (usually 1/2 hr, 1 hr, 3 hr, 4 hr) after taking a specified amount (usually 100 gm orally) of glucose. [NIH]

**Glucuronic Acid:** Derivatives of uronic acid found throughout the plant and animal kingdoms. They detoxify drugs and toxins by conjugating with them to form glucuronides in the liver which are more water-soluble metabolites that can be easily eliminated from the body. [NIH]

**Gluten:** The protein of wheat and other grains which gives to the dough its tough elastic character. [EU]

**Gonadal:** Pertaining to a gonad. [EU]

**Gonads:** The gamete-producing glands, ovary or testis. [NIH]

**Governing Board:** The group in which legal authority is vested for the control of health-related institutions and organizations. [NIH]

**Granulosa Cells:** Cells of the membrana granulosa lining the vesicular ovarian follicle which become luteal cells after ovulation. [NIH]

**Gravis:** Eruption of watery blisters on the skin among those handling animals and animal products. [NIH]

**Growth:** The progressive development of a living being or part of an organism from its earliest stage to maturity. [NIH]

**Hair follicles:** Shafts or openings on the surface of the skin through which hair grows. [NIH]

**Headache:** Pain in the cranial region that may occur as an isolated and benign symptom or as a manifestation of a wide variety of conditions including subarachnoid hemorrhage; craniocerebral trauma; central nervous system infections; intracranial hypertension; and other disorders. In general, recurrent headaches that are not associated with a primary disease process are referred to as headache disorders (e.g., migraine). [NIH]

**Health Status:** The level of health of the individual, group, or population as subjectively assessed by the individual or by more objective measures. [NIH]

**Heart failure:** Loss of pumping ability by the heart, often accompanied by fatigue, breathlessness, and excess fluid accumulation in body tissues. [NIH]

**Heme:** The color-furnishing portion of hemoglobin. It is found free in tissues and as the prosthetic group in many hemeproteins. [NIH]

**Hemodynamics:** The movements of the blood and the forces involved in systemic or regional blood circulation. [NIH]

**Hemoglobin:** One of the fractions of glycosylated hemoglobin A1c. Glycosylated hemoglobin is formed when linkages of glucose and related monosaccharides bind to hemoglobin A and its concentration represents the average blood glucose level over the previous several weeks. HbA1c levels are used as a measure of long-term control of plasma glucose (normal, 4 to 6 percent). In controlled diabetes mellitus, the concentration of glycosylated hemoglobin A is within the normal range, but in uncontrolled cases the level may be 3 to 4 times the normal conentration. Generally, complications are substantially lower among patients with Hb levels of 7 percent or less than in patients with HbA1c levels of 9 percent or more. [NIH]

**Hemorrhage:** Bleeding or escape of blood from a vessel. [NIH]

**Heparin:** Heparinic acid. A highly acidic mucopolysaccharide formed of equal parts of sulfated D-glucosamine and D-glucuronic acid with sulfaminic bridges. The molecular weight ranges from six to twenty thousand. Heparin occurs in and is obtained from liver, lung, mast cells, etc., of vertebrates. Its function is unknown, but it is used to prevent blood clotting in vivo and vitro, in the form of many different salts. [NIH]

**Hepatic:** Refers to the liver. [NIH]

**Hereditary:** Of, relating to, or denoting factors that can be transmitted genetically from one generation to another. [NIH]

**Heredity:** 1. The genetic transmission of a particular quality or trait from parent to offspring. 2. The genetic constitution of an individual. [EU]

**Herpetiformis:** Duhring's disease a recurring, inflammatory disease of the skin of unknown etiology characterized by erythematous, papular, pustular, or vesicular lesions which tend to group and are accompanied by itching and burning. [NIH]

**Heterogeneity:** The property of one or more samples or populations which implies that they are not identical in respect of some or all of their parameters, e. g. heterogeneity of variance. [NIH]

**Histamine:** 1H-Imidazole-4-ethanamine. A depressor amine derived by enzymatic decarboxylation of histidine. It is a powerful stimulant of gastric secretion, a constrictor of bronchial smooth muscle, a vasodilator, and also a centrally acting neurotransmitter. [NIH]

**Histocompatibility:** The degree of antigenic similarity between the tissues of different individuals, which determines the acceptance or rejection of allografts. [NIH]

**Histology:** The study of tissues and cells under a microscope. [NIH]

**Homologous:** Corresponding in structure, position, origin, etc., as (a) the feathers of a bird and the scales of a fish, (b) antigen and its specific antibody, (c) allelic chromosomes. [EU]

**Hormonal:** Pertaining to or of the nature of a hormone. [EU]

**Hormone:** A substance in the body that regulates certain organs. Hormones such as gastrin help in breaking down food. Some hormones come from cells in the stomach and small intestine. [NIH]

**Humoral:** Of, relating to, proceeding from, or involving a bodily humour - now often used of endocrine factors as opposed to neural or somatic. [EU]

**Humour:** 1. A normal functioning fluid or semifluid of the body (as the blood, lymph or bile) especially of vertebrates. 2. A secretion that is itself an excitant of activity (as certain hormones). [EU]

**Hydrochloric Acid:** A strong corrosive acid that is commonly used as a laboratory reagent. It is formed by dissolving hydrogen chloride in water. Gastric acid is the hydrochloric acid component of gastric juice. [NIH]

**Hydrocortisone:** The main glucocorticoid secreted by the adrenal cortex. Its synthetic counterpart is used, either as an injection or topically, in the treatment of inflammation, allergy, collagen diseases, asthma, adrenocortical deficiency, shock, and some neoplastic conditions. [NIH]

**Hydrogen:** The first chemical element in the periodic table. It has the atomic symbol H, atomic number 1, and atomic weight 1. It exists, under normal conditions, as a colorless, odorless, tasteless, diatomic gas. Hydrogen ions are protons. Besides the common H1 isotope, hydrogen exists as the stable isotope deuterium and the unstable, radioactive isotope tritium. [NIH]

**Hydrolysis:** The process of cleaving a chemical compound by the addition of a molecule of water. [NIH]

**Hydroxycorticosteroids:** A group of corticosteroids carrying hydroxy groups, usually in the 11- or 17-positions. They comprise the bulk of the corticosteroids used systemically. As they are relatively insoluble in water, salts of various esterified forms are often used for injections or solutions. [NIH]

**Hyperbilirubinemia:** Pathologic process consisting of an abnormal increase in the amount of bilirubin in the circulating blood, which may result in jaundice. [NIH]

**Hypercalcemia:** Abnormally high level of calcium in the blood. [NIH]

**Hyperglycemia:** Abnormally high blood sugar. [NIH]

**Hyperkalaemia:** Pathology: an abnormally high concentration of potassium in the blood.

[EU]

**Hyperpigmentation:** Excessive pigmentation of the skin, usually as a result of increased melanization of the epidermis rather than as a result of an increased number of melanocytes. Etiology is varied and the condition may arise from exposure to light, chemicals or other substances, or from a primary metabolic imbalance. [NIH]

**Hyperplasia:** An increase in the number of cells in a tissue or organ, not due to tumor formation. It differs from hypertrophy, which is an increase in bulk without an increase in the number of cells. [NIH]

**Hypersecretion:** Excessive secretion. [EU]

**Hypersensitivity:** Altered reactivity to an antigen, which can result in pathologic reactions upon subsequent exposure to that particular antigen. [NIH]

**Hypertension:** Persistently high arterial blood pressure. Currently accepted threshold levels are 140 mm Hg systolic and 90 mm Hg diastolic pressure. [NIH]

**Hypertension, Renal:** Hypertension due to renal diseases, especially chronic parenchymal disease. Hypertension as a result of compression or obstruction of the renal artery or its branches is hypertension, renovascular. [NIH]

**Hypertension, Renovascular:** Hypertension due to compression or obstruction of the renal artery or its branches. [NIH]

**Hyperthyroidism:** Excessive functional activity of the thyroid gland. [NIH]

**Hypertrophy:** General increase in bulk of a part or organ, not due to tumor formation, nor to an increase in the number of cells. [NIH]

**Hypoglycaemia:** An abnormally diminished concentration of glucose in the blood, which may lead to tremulousness, cold sweat, piloerection, hypothermia, and headache, accompanied by irritability, confusion, hallucinations, bizarre behaviour, and ultimately, convulsions and coma. [EU]

**Hypoglycemia:** Abnormally low blood sugar [NIH]

**Hypogonadism:** Condition resulting from or characterized by abnormally decreased functional activity of the gonads, with retardation of growth and sexual development. [NIH]

**Hypophysis:** A remnant of the entodermal pouch of Rathke beneath the mucous membrane of the pharynx, which shows pituitary tissue. [NIH]

**Hypoplasia:** Incomplete development or underdevelopment of an organ or tissue. [EU]

**Hypothalamic:** Of or involving the hypothalamus. [EU]

**Hypothalamus:** Ventral part of the diencephalon extending from the region of the optic chiasm to the caudal border of the mammillary bodies and forming the inferior and lateral walls of the third ventricle. [NIH]

**Hypothermia:** Lower than normal body temperature, especially in warm-blooded animals; in man usually accidental or unintentional. [NIH]

**Hypothyroidism:** Deficiency of thyroid activity. In adults, it is most common in women and is characterized by decrease in basal metabolic rate, tiredness and lethargy, sensitivity to cold, and menstrual disturbances. If untreated, it progresses to full-blown myxoedema. In infants, severe hypothyroidism leads to cretinism. In juveniles, the manifestations are intermediate, with less severe mental and developmental retardation and only mild symptoms of the adult form. When due to pituitary deficiency of thyrotropin secretion it is called secondary hypothyroidism. [EU]

**Ichthyosis:** Any of several generalized skin disorders characterized by dryness, roughness, and scaliness, due to hypertrophy of the stratum corneum epidermis. Most are genetic, but

some are acquired, developing in association with other systemic disease or genetic syndrome. [NIH]

**Id:** The part of the personality structure which harbors the unconscious instinctive desires and strivings of the individual. [NIH]

**Idiopathic:** Describes a disease of unknown cause. [NIH]

**Immune response:** The activity of the immune system against foreign substances (antigens). [NIH]

**Immune system:** The organs, cells, and molecules responsible for the recognition and disposal of foreign ("non-self") material which enters the body. [NIH]

**Immunity:** Nonsusceptibility to the invasive or pathogenic effects of foreign microorganisms or to the toxic effect of antigenic substances. [NIH]

**Immunochemistry:** Field of chemistry that pertains to immunological phenomena and the study of chemical reactions related to antigen stimulation of tissues. It includes physicochemical interactions between antigens and antibodies. [NIH]

**Immunocompromised:** Having a weakened immune system caused by certain diseases or treatments. [NIH]

**Immunodeficiency:** The decreased ability of the body to fight infection and disease. [NIH]

**Immunofluorescence:** A technique for identifying molecules present on the surfaces of cells or in tissues using a highly fluorescent substance coupled to a specific antibody. [NIH]

**Immunoglobulin:** A protein that acts as an antibody. [NIH]

**Immunosuppressive:** Describes the ability to lower immune system responses. [NIH]

**Impairment:** In the context of health experience, an impairment is any loss or abnormality of psychological, physiological, or anatomical structure or function. [NIH]

**In vitro:** In the laboratory (outside the body). The opposite of in vivo (in the body). [NIH]

**In vivo:** In the body. The opposite of in vitro (outside the body or in the laboratory). [NIH]

**Inbreeding:** The mating of plants or non-human animals which are closely related genetically. [NIH]

**Incision:** A cut made in the body during surgery. [NIH]

**Indicative:** That indicates; that points out more or less exactly; that reveals fairly clearly. [EU]

**Induction:** The act or process of inducing or causing to occur, especially the production of a specific morphogenetic effect in the developing embryo through the influence of evocators or organizers, or the production of anaesthesia or unconsciousness by use of appropriate agents. [EU]

**Infarction:** A pathological process consisting of a sudden insufficient blood supply to an area, which results in necrosis of that area. It is usually caused by a thrombus, an embolus, or a vascular torsion. [NIH]

**Infection:** 1. Invasion and multiplication of microorganisms in body tissues, which may be clinically unapparent or result in local cellular injury due to competitive metabolism, toxins, intracellular replication, or antigen-antibody response. The infection may remain localized, subclinical, and temporary if the body's defensive mechanisms are effective. A local infection may persist and spread by extension to become an acute, subacute, or chronic clinical infection or disease state. A local infection may also become systemic when the microorganisms gain access to the lymphatic or vascular system. 2. An infectious disease. [EU]

**Infiltration:** The diffusion or accumulation in a tissue or cells of substances not normal to it

or in amounts of the normal. Also, the material so accumulated. [EU]

**Inflammation:** A pathological process characterized by injury or destruction of tissues caused by a variety of cytologic and chemical reactions. It is usually manifested by typical signs of pain, heat, redness, swelling, and loss of function. [NIH]

**Inflammatory bowel disease:** A general term that refers to the inflammation of the colon and rectum. Inflammatory bowel disease includes ulcerative colitis and Crohn's disease. [NIH]

**Infusion:** A method of putting fluids, including drugs, into the bloodstream. Also called intravenous infusion. [NIH]

**Inhalation:** The drawing of air or other substances into the lungs. [EU]

**Insulator:** Material covering the metal conductor of the lead. It is usually polyurethane or silicone. [NIH]

**Insulin:** A protein hormone secreted by beta cells of the pancreas. Insulin plays a major role in the regulation of glucose metabolism, generally promoting the cellular utilization of glucose. It is also an important regulator of protein and lipid metabolism. Insulin is used as a drug to control insulin-dependent diabetes mellitus. [NIH]

**Insulin-dependent diabetes mellitus:** A disease characterized by high levels of blood glucose resulting from defects in insulin secretion, insulin action, or both. Autoimmune, genetic, and environmental factors are involved in the development of type I diabetes. [NIH]

**Internal Medicine:** A medical specialty concerned with the diagnosis and treatment of diseases of the internal organ systems of adults. [NIH]

**Interstitial:** Pertaining to or situated between parts or in the interspaces of a tissue. [EU]

**Intervertebral:** Situated between two contiguous vertebrae. [EU]

**Intervertebral Disk Displacement:** An intervertebral disk in which the nucleus pulposus has protruded through surrounding fibrocartilage. This occurs most frequently in the lower lumbar region. [NIH]

**Intestinal:** Having to do with the intestines. [NIH]

**Intoxication:** Poisoning, the state of being poisoned. [EU]

**Intracellular:** Inside a cell. [NIH]

**Intramuscular:** IM. Within or into muscle. [NIH]

**Intravenous:** IV. Into a vein. [NIH]

**Intrinsic:** Situated entirely within or pertaining exclusively to a part. [EU]

**Invasive:** 1. Having the quality of invasiveness. 2. Involving puncture or incision of the skin or insertion of an instrument or foreign material into the body; said of diagnostic techniques. [EU]

**Ion Transport:** The movement of ions across energy-transducing cell membranes. Transport can be active or passive. Passive ion transport (facilitated diffusion) derives its energy from the concentration gradient of the ion itself and allows the transport of a single solute in one direction (uniport). Active ion transport is usually coupled to an energy-yielding chemical or photochemical reaction such as ATP hydrolysis. This form of primary active transport is called an ion pump. Secondary active transport utilizes the voltage and ion gradients produced by the primary transport to drive the cotransport of other ions or molecules. These may be transported in the same (symport) or opposite (antiport) direction. [NIH]

**Ions:** An atom or group of atoms that have a positive or negative electric charge due to a gain (negative charge) or loss (positive charge) of one or more electrons. Atoms with a positive charge are known as cations; those with a negative charge are anions. [NIH]

**Ischemia:** Deficiency of blood in a part, due to functional constriction or actual obstruction of a blood vessel. [EU]

**Islet:** Cell producing insulin in pancreas. [NIH]

**Jaundice:** A clinical manifestation of hyperbilirubinemia, consisting of deposition of bile pigments in the skin, resulting in a yellowish staining of the skin and mucous membranes. [NIH]

**Joint:** The point of contact between elements of an animal skeleton with the parts that surround and support it. [NIH]

**Juxtaglomerular Apparatus:** A complex of cells consisting of juxtaglomerular cells, extraglomerular mesangium lacis cells, the macula densa of the distal convoluted tubule, and granular epithelial peripolar cells. Juxtaglomerular cells are modified smooth muscle cells found in the walls of afferent glomerular arterioles and sometimes the efferent arterioles. Extraglomerular mesangium lacis cells are located in the angle between the afferent and efferent glomerular arterioles. Granular epithelial peripolar cells are located at the angle of reflection of the parietal to visceral angle of the renal corpuscle. [NIH]

**Kb:** A measure of the length of DNA fragments, 1 Kb = 1000 base pairs. The largest DNA fragments are up to 50 kilobases long. [NIH]

**Keto:** It consists of 8 carbon atoms and within the endotoxins, it connects poysaccharide and lipid A. [NIH]

**Labile:** 1. Gliding; moving from point to point over the surface; unstable; fluctuating. 2. Chemically unstable. [EU]

**Lactation:** The period of the secretion of milk. [EU]

**Laparotomy:** A surgical incision made in the wall of the abdomen. [NIH]

**Laryngeal:** Having to do with the larynx. [NIH]

**Larynx:** An irregularly shaped, musculocartilaginous tubular structure, lined with mucous membrane, located at the top of the trachea and below the root of the tongue and the hyoid bone. It is the essential sphincter guarding the entrance into the trachea and functioning secondarily as the organ of voice. [NIH]

**Lens:** The transparent, double convex (outward curve on both sides) structure suspended between the aqueous and vitreous; helps to focus light on the retina. [NIH]

**Lesion:** An area of abnormal tissue change. [NIH]

**Lethal:** Deadly, fatal. [EU]

**Lethargy:** Abnormal drowsiness or stupor; a condition of indifference. [EU]

**Leucine:** An essential branched-chain amino acid important for hemoglobin formation. [NIH]

**Leukemia:** Cancer of blood-forming tissue. [NIH]

**Leukocytes:** White blood cells. These include granular leukocytes (basophils, eosinophils, and neutrophils) as well as non-granular leukocytes (lymphocytes and monocytes). [NIH]

**Levodopa:** The naturally occurring form of dopa and the immediate precursor of dopamine. Unlike dopamine itself, it can be taken orally and crosses the blood-brain barrier. It is rapidly taken up by dopaminergic neurons and converted to dopamine. It is used for the treatment of parkinsonism and is usually given with agents that inhibit its conversion to dopamine outside of the central nervous system. [NIH]

**Libido:** The psychic drive or energy associated with sexual instinct in the broad sense (pleasure and love-object seeking). It may also connote the psychic energy associated with instincts in general that motivate behavior. [NIH]

**Library Services:** Services offered to the library user. They include reference and circulation. [NIH]

**Light microscope:** A microscope (device to magnify small objects) in which objects are lit directly by white light. [NIH]

**Linkage:** The tendency of two or more genes in the same chromosome to remain together from one generation to the next more frequently than expected according to the law of independent assortment. [NIH]

**Lipid:** Fat. [NIH]

**Lipoid:** The most common nephrotic syndrome disease of childhood. [NIH]

**Liver:** A large, glandular organ located in the upper abdomen. The liver cleanses the blood and aids in digestion by secreting bile. [NIH]

**Lobe:** A portion of an organ such as the liver, lung, breast, or brain. [NIH]

**Localization:** The process of determining or marking the location or site of a lesion or disease. May also refer to the process of keeping a lesion or disease in a specific location or site. [NIH]

**Localized:** Cancer which has not metastasized yet. [NIH]

**Loop:** A wire usually of platinum bent at one end into a small loop (usually 4 mm inside diameter) and used in transferring microorganisms. [NIH]

**Lupus:** A form of cutaneous tuberculosis. It is seen predominantly in women and typically involves the nasal, buccal, and conjunctival mucosa. [NIH]

**Lupus Nephritis:** Glomerulonephritis associated with systemic lupus erythematosus. It is classified into four histologic types: mesangial, focal, diffuse, and membranous. [NIH]

**Lutein Cells:** The cells of the corpus luteum which are derived from the granulosa cells and the theca cells of the Graafian follicle. [NIH]

**Lymph:** The almost colorless fluid that travels through the lymphatic system and carries cells that help fight infection and disease. [NIH]

**Lymph node:** A rounded mass of lymphatic tissue that is surrounded by a capsule of connective tissue. Also known as a lymph gland. Lymph nodes are spread out along lymphatic vessels and contain many lymphocytes, which filter the lymphatic fluid (lymph). [NIH]

**Lymphatic:** The tissues and organs, including the bone marrow, spleen, thymus, and lymph nodes, that produce and store cells that fight infection and disease. [NIH]

**Lymphocyte:** A white blood cell. Lymphocytes have a number of roles in the immune system, including the production of antibodies and other substances that fight infection and diseases. [NIH]

**Lymphocyte Count:** A count of the number of lymphocytes in the blood. [NIH]

**Lymphocytic:** Referring to lymphocytes, a type of white blood cell. [NIH]

**Lymphoid:** Referring to lymphocytes, a type of white blood cell. Also refers to tissue in which lymphocytes develop. [NIH]

**Lymphoma:** A general term for various neoplastic diseases of the lymphoid tissue. [NIH]

**Lysine:** An essential amino acid. It is often added to animal feed. [NIH]

**Macula:** A stain, spot, or thickening. Often used alone to refer to the macula retinae. [EU]

**Magnetic Resonance Imaging:** Non-invasive method of demonstrating internal anatomy based on the principle that atomic nuclei in a strong magnetic field absorb pulses of radiofrequency energy and emit them as radiowaves which can be reconstructed into

computerized images. The concept includes proton spin tomographic techniques. [NIH]

**Malabsorption:** Impaired intestinal absorption of nutrients. [EU]

**Malabsorption syndrome:** A group of symptoms such as gas, bloating, abdominal pain, and diarrhea resulting from the body's inability to properly absorb nutrients. [NIH]

**Malignancy:** A cancerous tumor that can invade and destroy nearby tissue and spread to other parts of the body. [NIH]

**Malignant:** Cancerous; a growth with a tendency to invade and destroy nearby tissue and spread to other parts of the body. [NIH]

**Malnutrition:** A condition caused by not eating enough food or not eating a balanced diet. [NIH]

**Mammary:** Pertaining to the mamma, or breast. [EU]

**Mammogram:** An x-ray of the breast. [NIH]

**Manic:** Affected with mania. [EU]

**Manic-depressive psychosis:** One of a group of psychotic reactions, fundamentally marked by severe mood swings and a tendency to remission and recurrence. [NIH]

**MEDLINE:** An online database of MEDLARS, the computerized bibliographic Medical Literature Analysis and Retrieval System of the National Library of Medicine. [NIH]

**Melanocytes:** Epidermal dendritic pigment cells which control long-term morphological color changes by alteration in their number or in the amount of pigment they produce and store in the pigment containing organelles called melanosomes. Melanophores are larger cells which do not exist in mammals. [NIH]

**Membrane:** A very thin layer of tissue that covers a surface. [NIH]

**Memory:** Complex mental function having four distinct phases: (1) memorizing or learning, (2) retention, (3) recall, and (4) recognition. Clinically, it is usually subdivided into immediate, recent, and remote memory. [NIH]

**Mental Disorders:** Psychiatric illness or diseases manifested by breakdowns in the adaptational process expressed primarily as abnormalities of thought, feeling, and behavior producing either distress or impairment of function. [NIH]

**Mercury:** A silver metallic element that exists as a liquid at room temperature. It has the atomic symbol Hg (from hydrargyrum, liquid silver), atomic number 80, and atomic weight 200.59. Mercury is used in many industrial applications and its salts have been employed therapeutically as purgatives, antisyphilitics, disinfectants, and astringents. It can be absorbed through the skin and mucous membranes which leads to mercury poisoning. Because of its toxicity, the clinical use of mercury and mercurials is diminishing. [NIH]

**Metabolic disorder:** A condition in which normal metabolic processes are disrupted, usually because of a missing enzyme. [NIH]

**Metastasis:** The spread of cancer from one part of the body to another. Tumors formed from cells that have spread are called "secondary tumors" and contain cells that are like those in the original (primary) tumor. The plural is metastases. [NIH]

**Metastatic:** Having to do with metastasis, which is the spread of cancer from one part of the body to another. [NIH]

**Methionine:** A sulfur containing essential amino acid that is important in many body functions. It is a chelating agent for heavy metals. [NIH]

**MI:** Myocardial infarction. Gross necrosis of the myocardium as a result of interruption of the blood supply to the area; it is almost always caused by atherosclerosis of the coronary

arteries, upon which coronary thrombosis is usually superimposed. [NIH]

**Microcalcifications:** Tiny deposits of calcium in the breast that cannot be felt but can be detected on a mammogram. A cluster of these very small specks of calcium may indicate that cancer is present. [NIH]

**Microsurgery:** Surgical procedures on the cellular level; a light microscope and miniaturized instruments are used. [NIH]

**Migration:** The systematic movement of genes between populations of the same species, geographic race, or variety. [NIH]

**Mineralocorticoid:** 1. Any of the group of C21 corticosteroids, principally aldosterone, predominantly involved in the regulation of electrolyte and water balance through their effect on ion transport in epithelial cells of the renal tubules, resulting in retention of sodium and loss of potassium; some also possess varying degrees of glucocorticoid activity. Their secretion is regulated principally by plasma volume, serum potassium concentration and angiotensin II, and to a lesser extent by anterior pituitary ACTH. 2. Of, pertaining to, having the properties of, or resembling a mineralocorticoid. [EU]

**Modification:** A change in an organism, or in a process in an organism, that is acquired from its own activity or environment. [NIH]

**Molecular:** Of, pertaining to, or composed of molecules : a very small mass of matter. [EU]

**Molecule:** A chemical made up of two or more atoms. The atoms in a molecule can be the same (an oxygen molecule has two oxygen atoms) or different (a water molecule has two hydrogen atoms and one oxygen atom). Biological molecules, such as proteins and DNA, can be made up of many thousands of atoms. [NIH]

**Monoclonal:** An antibody produced by culturing a single type of cell. It therefore consists of a single species of immunoglobulin molecules. [NIH]

**Morphological:** Relating to the configuration or the structure of live organs. [NIH]

**Morphology:** The science of the form and structure of organisms (plants, animals, and other forms of life). [NIH]

**Motor Activity:** The physical activity of an organism as a behavioral phenomenon. [NIH]

**Mucocutaneous:** Pertaining to or affecting the mucous membrane and the skin. [EU]

**Mucosa:** A mucous membrane, or tunica mucosa. [EU]

**Mucus:** The viscous secretion of mucous membranes. It contains mucin, white blood cells, water, inorganic salts, and exfoliated cells. [NIH]

**Multiple sclerosis:** A disorder of the central nervous system marked by weakness, numbness, a loss of muscle coordination, and problems with vision, speech, and bladder control. Multiple sclerosis is thought to be an autoimmune disease in which the body's immune system destroys myelin. Myelin is a substance that contains both protein and fat (lipid) and serves as a nerve insulator and helps in the transmission of nerve signals. [NIH]

**Muscular Diseases:** Acquired, familial, and congenital disorders of skeletal muscle and smooth muscle. [NIH]

**Mutilation:** Injuries to the body. [NIH]

**Myasthenia:** Muscular debility; any constitutional anomaly of muscle. [EU]

**Myelin:** The fatty substance that covers and protects nerves. [NIH]

**Myocardium:** The muscle tissue of the heart composed of striated, involuntary muscle known as cardiac muscle. [NIH]

**Myotonic Dystrophy:** A condition presenting muscle weakness and wasting which may be

progressive. [NIH]

**Naloxone:** A specific opiate antagonist that has no agonist activity. It is a competitive antagonist at mu, delta, and kappa opioid receptors. [NIH]

**Necrosis:** A pathological process caused by the progressive degradative action of enzymes that is generally associated with severe cellular trauma. It is characterized by mitochondrial swelling, nuclear flocculation, uncontrolled cell lysis, and ultimately cell death. [NIH]

**Need:** A state of tension or dissatisfaction felt by an individual that impels him to action toward a goal he believes will satisfy the impulse. [NIH]

**Neoplasia:** Abnormal and uncontrolled cell growth. [NIH]

**Neoplasm:** A new growth of benign or malignant tissue. [NIH]

**Neoplastic:** Pertaining to or like a neoplasm (= any new and abnormal growth); pertaining to neoplasia (= the formation of a neoplasm). [EU]

**Nephritis:** Inflammation of the kidney; a focal or diffuse proliferative or destructive process which may involve the glomerulus, tubule, or interstitial renal tissue. [EU]

**Nephrosis:** Descriptive histopathologic term for renal disease without an inflammatory component. [NIH]

**Nephrotic:** Pertaining to, resembling, or caused by nephrosis. [EU]

**Nephrotic Syndrome:** Clinical association of heavy proteinuria, hypoalbuminemia, and generalized edema. [NIH]

**Nerve:** A cordlike structure of nervous tissue that connects parts of the nervous system with other tissues of the body and conveys nervous impulses to, or away from, these tissues. [NIH]

**Nervous System:** The entire nerve apparatus composed of the brain, spinal cord, nerves and ganglia. [NIH]

**Neural:** 1. Pertaining to a nerve or to the nerves. 2. Situated in the region of the spinal axis, as the neutral arch. [EU]

**Neuroendocrine:** Having to do with the interactions between the nervous system and the endocrine system. Describes certain cells that release hormones into the blood in response to stimulation of the nervous system. [NIH]

**Neurology:** A medical specialty concerned with the study of the structures, functions, and diseases of the nervous system. [NIH]

**Neuromuscular:** Pertaining to muscles and nerves. [EU]

**Neuromuscular Diseases:** A general term encompassing lower motor neuron disease; peripheral nervous system diseases; and certain muscular diseases. Manifestations include muscle weakness; fasciculation; muscle atrophy; spasm; myokymia; muscle hypertonia, myalgias, and musclehypotonia. [NIH]

**Neuronal:** Pertaining to a neuron or neurons (= conducting cells of the nervous system). [EU]

**Neurons:** The basic cellular units of nervous tissue. Each neuron consists of a body, an axon, and dendrites. Their purpose is to receive, conduct, and transmit impulses in the nervous system. [NIH]

**Neuropathy:** A problem in any part of the nervous system except the brain and spinal cord. Neuropathies can be caused by infection, toxic substances, or disease. [NIH]

**Neuropeptide:** A member of a class of protein-like molecules made in the brain. Neuropeptides consist of short chains of amino acids, with some functioning as neurotransmitters and some functioning as hormones. [NIH]

**Nitrogen:** An element with the atomic symbol N, atomic number 7, and atomic weight 14.

Nitrogen exists as a diatomic gas and makes up about 78% of the earth's atmosphere by volume. It is a constituent of proteins and nucleic acids and found in all living cells. [NIH]

**Nuclei:** A body of specialized protoplasm found in nearly all cells and containing the chromosomes. [NIH]

**Occult:** Obscure; concealed from observation, difficult to understand. [EU]

**Odour:** A volatile emanation that is perceived by the sense of smell. [EU]

**Oedema:** The presence of abnormally large amounts of fluid in the intercellular tissue spaces of the body; usually applied to demonstrable accumulation of excessive fluid in the subcutaneous tissues. Edema may be localized, due to venous or lymphatic obstruction or to increased vascular permeability, or it may be systemic due to heart failure or renal disease. Collections of edema fluid are designated according to the site, e.g. ascites (peritoneal cavity), hydrothorax (pleural cavity), and hydropericardium (pericardial sac). Massive generalized edema is called anasarca. [EU]

**Opacity:** Degree of density (area most dense taken for reading). [NIH]

**Opportunistic Infections:** An infection caused by an organism which becomes pathogenic under certain conditions, e.g., during immunosuppression. [NIH]

**Optic Chiasm:** The X-shaped structure formed by the meeting of the two optic nerves. At the optic chiasm the fibers from the medial part of each retina cross to project to the other side of the brain while the lateral retinal fibers continue on the same side. As a result each half of the brain receives information about the contralateral visual field from both eyes. [NIH]

**Osteoporosis:** Reduction of bone mass without alteration in the composition of bone, leading to fractures. Primary osteoporosis can be of two major types: postmenopausal osteoporosis and age-related (or senile) osteoporosis. [NIH]

**Ovarian Follicle:** Spheroidal cell aggregation in the ovary containing an ovum. It consists of an external fibro-vascular coat, an internal coat of nucleated cells, and a transparent, albuminous fluid in which the ovum is suspended. [NIH]

**Ovulation:** The discharge of a secondary oocyte from a ruptured graafian follicle. [NIH]

**Ovum:** A female germ cell extruded from the ovary at ovulation. [NIH]

**Oxidation:** The act of oxidizing or state of being oxidized. Chemically it consists in the increase of positive charges on an atom or the loss of negative charges. Most biological oxidations are accomplished by the removal of a pair of hydrogen atoms (dehydrogenation) from a molecule. Such oxidations must be accompanied by reduction of an acceptor molecule. Univalent o. indicates loss of one electron; divalent o., the loss of two electrons. [EU]

**Pancreas:** A mixed exocrine and endocrine gland situated transversely across the posterior abdominal wall in the epigastric and hypochondriac regions. The endocrine portion is comprised of the Islets of Langerhans, while the exocrine portion is a compound acinar gland that secretes digestive enzymes. [NIH]

**Pancreatic:** Having to do with the pancreas. [NIH]

**Pancreatic Insufficiency:** Absence of or reduced pancreatic exocrine secretion into the duodenum and resultant poor digestion of lipids, vitamins, nitrogen, and carbohydrates. [NIH]

**Paralysis:** Loss of ability to move all or part of the body. [NIH]

**Paraplegia:** Severe or complete loss of motor function in the lower extremities and lower portions of the trunk. This condition is most often associated with spinal cord diseases, although brain diseases; peripheral nervous system diseases; neuromuscular diseases; and

muscular diseases may also cause bilateral leg weakness. [NIH]

**Parathyroid:** 1. Situated beside the thyroid gland. 2. One of the parathyroid glands. 3. A sterile preparation of the water-soluble principle(s) of the parathyroid glands, ad-ministered parenterally as an antihypocalcaemic, especially in the treatment of acute hypoparathyroidism with tetany. [EU]

**Parathyroid Glands:** Two small paired endocrine glands in the region of the thyroid gland. They secrete parathyroid hormone and are concerned with the metabolism of calcium and phosphorus. [NIH]

**Parenteral:** Not through the alimentary canal but rather by injection through some other route, as subcutaneous, intramuscular, intraorbital, intracapsular, intraspinal, intrasternal, intravenous, etc. [EU]

**Parietal:** 1. Of or pertaining to the walls of a cavity. 2. Pertaining to or located near the parietal bone, as the parietal lobe. [EU]

**Parkinsonism:** A group of neurological disorders characterized by hypokinesia, tremor, and muscular rigidity. [EU]

**Parotid:** The space that contains the parotid gland, the facial nerve, the external carotid artery, and the retromandibular vein. [NIH]

**Parturition:** The act or process of given birth to a child. [EU]

**Pathogenesis:** The cellular events and reactions that occur in the development of disease. [NIH]

**Pathologic:** 1. Indicative of or caused by a morbid condition. 2. Pertaining to pathology (= branch of medicine that treats the essential nature of the disease, especially the structural and functional changes in tissues and organs of the body caused by the disease). [EU]

**Pemphigus:** Group of chronic blistering diseases characterized histologically by acantholysis and blister formation within the epidermis. [NIH]

**Penicillin:** An antibiotic drug used to treat infection. [NIH]

**Peptide:** Any compound consisting of two or more amino acids, the building blocks of proteins. Peptides are combined to make proteins. [NIH]

**Pericardium:** The fibroserous sac surrounding the heart and the roots of the great vessels. [NIH]

**Periodicity:** The tendency of a phenomenon to recur at regular intervals; in biological systems, the recurrence of certain activities (including hormonal, cellular, neural) may be annual, seasonal, monthly, daily, or more frequently (ultradian). [NIH]

**Peripheral Nervous System:** The nervous system outside of the brain and spinal cord. The peripheral nervous system has autonomic and somatic divisions. The autonomic nervous system includes the enteric, parasympathetic, and sympathetic subdivisions. The somatic nervous system includes the cranial and spinal nerves and their ganglia and the peripheral sensory receptors. [NIH]

**Peripheral Nervous System Diseases:** Diseases of the peripheral nerves external to the brain and spinal cord, which includes diseases of the nerve roots, ganglia, plexi, autonomic nerves, sensory nerves, and motor nerves. [NIH]

**Peritoneal:** Having to do with the peritoneum (the tissue that lines the abdominal wall and covers most of the organs in the abdomen). [NIH]

**Peritoneal Cavity:** The space enclosed by the peritoneum. It is divided into two portions, the greater sac and the lesser sac or omental bursa, which lies behind the stomach. The two sacs are connected by the foramen of Winslow, or epiploic foramen. [NIH]

**Pernicious:** Tending to a fatal issue. [EU]

**Pernicious anemia:** A type of anemia (low red blood cell count) caused by the body's inability to absorb vitamin B12. [NIH]

**Peroxidase:** A hemeprotein from leukocytes. Deficiency of this enzyme leads to a hereditary disorder coupled with disseminated moniliasis. It catalyzes the conversion of a donor and peroxide to an oxidized donor and water. EC 1.11.1.7. [NIH]

**Peroxide:** Chemical compound which contains an atom group with two oxygen atoms tied to each other. [NIH]

**Pharmacologic:** Pertaining to pharmacology or to the properties and reactions of drugs. [EU]

**Phenotypes:** An organism as observed, i. e. as judged by its visually perceptible characters resulting from the interaction of its genotype with the environment. [NIH]

**Phospholipids:** Lipids containing one or more phosphate groups, particularly those derived from either glycerol (phosphoglycerides; glycerophospholipids) or sphingosine (sphingolipids). They are polar lipids that are of great importance for the structure and function of cell membranes and are the most abundant of membrane lipids, although not stored in large amounts in the system. [NIH]

**Phosphorus:** A non-metallic element that is found in the blood, muscles, nevers, bones, and teeth, and is a component of adenosine triphosphate (ATP; the primary energy source for the body's cells.) [NIH]

**Physiologic:** Having to do with the functions of the body. When used in the phrase "physiologic age," it refers to an age assigned by general health, as opposed to calendar age. [NIH]

**Physiology:** The science that deals with the life processes and functions of organismus, their cells, tissues, and organs. [NIH]

**Pigment:** A substance that gives color to tissue. Pigments are responsible for the color of skin, eyes, and hair. [NIH]

**Pigmentation:** Coloration or discoloration of a part by a pigment. [NIH]

**Piloerection:** Involuntary erection or bristling of hairs. [NIH]

**Pituitary Gland:** A small, unpaired gland situated in the sella turcica tissue. It is connected to the hypothalamus by a short stalk. [NIH]

**Placenta:** A highly vascular fetal organ through which the fetus absorbs oxygen and other nutrients and excretes carbon dioxide and other wastes. It begins to form about the eighth day of gestation when the blastocyst adheres to the decidua. [NIH]

**Plants:** Multicellular, eukaryotic life forms of the kingdom Plantae. They are characterized by a mainly photosynthetic mode of nutrition; essentially unlimited growth at localized regions of cell divisions (meristems); cellulose within cells providing rigidity; the absence of organs of locomotion; absense of nervous and sensory systems; and an alteration of haploid and diploid generations. [NIH]

**Plasma:** The clear, yellowish, fluid part of the blood that carries the blood cells. The proteins that form blood clots are in plasma. [NIH]

**Plasma cells:** A type of white blood cell that produces antibodies. [NIH]

**Plasma Volume:** Volume of plasma in the circulation. It is usually measured by indicator dilution techniques. [NIH]

**Platinum:** Platinum. A heavy, soft, whitish metal, resembling tin, atomic number 78, atomic weight 195.09, symbol Pt. (From Dorland, 28th ed) It is used in manufacturing equipment for laboratory and industrial use. It occurs as a black powder (platinum black) and as a

spongy substance (spongy platinum) and may have been known in Pliny's time as "alutiae". [NIH]

**Pleural:** A circumscribed area of hyaline whorled fibrous tissue which appears on the surface of the parietal pleura, on the fibrous part of the diaphragm or on the pleura in the interlobar fissures. [NIH]

**Pleural cavity:** A space enclosed by the pleura (thin tissue covering the lungs and lining the interior wall of the chest cavity). It is bound by thin membranes. [NIH]

**Poisoning:** A condition or physical state produced by the ingestion, injection or inhalation of, or exposure to a deleterious agent. [NIH]

**Polymorphism:** The occurrence together of two or more distinct forms in the same population. [NIH]

**Polypeptide:** A peptide which on hydrolysis yields more than two amino acids; called tripeptides, tetrapeptides, etc. according to the number of amino acids contained. [EU]

**Polysaccharide:** A type of carbohydrate. It contains sugar molecules that are linked together chemically. [NIH]

**Pontine:** A brain region involved in the detection and processing of taste. [NIH]

**Posterior:** Situated in back of, or in the back part of, or affecting the back or dorsal surface of the body. In lower animals, it refers to the caudal end of the body. [EU]

**Postmenopausal:** Refers to the time after menopause. Menopause is the time in a woman's life when menstrual periods stop permanently; also called "change of life." [NIH]

**Post-translational:** The cleavage of signal sequence that directs the passage of the protein through a cell or organelle membrane. [NIH]

**Potassium:** An element that is in the alkali group of metals. It has an atomic symbol K, atomic number 19, and atomic weight 39.10. It is the chief cation in the intracellular fluid of muscle and other cells. Potassium ion is a strong electrolyte and it plays a significant role in the regulation of fluid volume and maintenance of the water-electrolyte balance. [NIH]

**Practice Guidelines:** Directions or principles presenting current or future rules of policy for the health care practitioner to assist him in patient care decisions regarding diagnosis, therapy, or related clinical circumstances. The guidelines may be developed by government agencies at any level, institutions, professional societies, governing boards, or by the convening of expert panels. The guidelines form a basis for the evaluation of all aspects of health care and delivery. [NIH]

**Preclinical:** Before a disease becomes clinically recognizable. [EU]

**Precursor:** Something that precedes. In biological processes, a substance from which another, usually more active or mature substance is formed. In clinical medicine, a sign or symptom that heralds another. [EU]

**Prednisolone:** A glucocorticoid with the general properties of the corticosteroids. It is the drug of choice for all conditions in which routine systemic corticosteroid therapy is indicated, except adrenal deficiency states. [NIH]

**Pregnancy Outcome:** Results of conception and ensuing pregnancy, including live birth, stillbirth, spontaneous abortion, induced abortion. The outcome may follow natural or artificial insemination or any of the various reproduction techniques, such as embryo transfer or fertilization in vitro. [NIH]

**Prevalence:** The total number of cases of a given disease in a specified population at a designated time. It is differentiated from incidence, which refers to the number of new cases in the population at a given time. [NIH]

**Progesterone:** Pregn-4-ene-3,20-dione. The principal progestational hormone of the body, secreted by the corpus luteum, adrenal cortex, and placenta. Its chief function is to prepare the uterus for the reception and development of the fertilized ovum. It acts as an antiovulatory agent when administered on days 5-25 of the menstrual cycle. [NIH]

**Progression:** Increase in the size of a tumor or spread of cancer in the body. [NIH]

**Progressive:** Advancing; going forward; going from bad to worse; increasing in scope or severity. [EU]

**Prolactin:** Pituitary lactogenic hormone. A polypeptide hormone with a molecular weight of about 23,000. It is essential in the induction of lactation in mammals at parturition and is synergistic with estrogen. The hormone also brings about the release of progesterone from lutein cells, which renders the uterine mucosa suited for the embedding of the ovum should fertilization occur. [NIH]

**Protein S:** The vitamin K-dependent cofactor of activated protein C. Together with protein C, it inhibits the action of factors VIIIa and Va. A deficiency in protein S can lead to recurrent venous and arterial thrombosis. [NIH]

**Proteins:** Polymers of amino acids linked by peptide bonds. The specific sequence of amino acids determines the shape and function of the protein. [NIH]

**Proteinuria:** The presence of protein in the urine, indicating that the kidneys are not working properly. [NIH]

**Proteolytic:** 1. Pertaining to, characterized by, or promoting proteolysis. 2. An enzyme that promotes proteolysis (= the splitting of proteins by hydrolysis of the peptide bonds with formation of smaller polypeptides). [EU]

**Psychiatric:** Pertaining to or within the purview of psychiatry. [EU]

**Psychiatry:** The medical science that deals with the origin, diagnosis, prevention, and treatment of mental disorders. [NIH]

**Psychosis:** A mental disorder characterized by gross impairment in reality testing as evidenced by delusions, hallucinations, markedly incoherent speech, or disorganized and agitated behaviour without apparent awareness on the part of the patient of the incomprehensibility of his behaviour; the term is also used in a more general sense to refer to mental disorders in which mental functioning is sufficiently impaired as to interfere grossly with the patient's capacity to meet the ordinary demands of life. Historically, the term has been applied to many conditions, e.g. manic-depressive psychosis, that were first described in psychotic patients, although many patients with the disorder are not judged psychotic. [EU]

**Puberty:** The period during which the secondary sex characteristics begin to develop and the capability of sexual reproduction is attained. [EU]

**Public Policy:** A course or method of action selected, usually by a government, from among alternatives to guide and determine present and future decisions. [NIH]

**Publishing:** "The business or profession of the commercial production and issuance of literature" (Webster's 3d). It includes the publisher, publication processes, editing and editors. Production may be by conventional printing methods or by electronic publishing. [NIH]

**Puerperium:** Period from delivery of the placenta until return of the reproductive organs to their normal nonpregnant morphologic state. In humans, the puerperium generally lasts for six to eight weeks. [NIH]

**Pulmonary:** Relating to the lungs. [NIH]

**Pulmonary Artery:** The short wide vessel arising from the conus arteriosus of the right

ventricle and conveying unaerated blood to the lungs. [NIH]

**Pulmonary hypertension:** Abnormally high blood pressure in the arteries of the lungs. [NIH]

**Purpura:** Purplish or brownish red discoloration, easily visible through the epidermis, caused by hemorrhage into the tissues. [NIH]

**Purulent:** Consisting of or containing pus; associated with the formation of or caused by pus. [EU]

**Pustular:** Pertaining to or of the nature of a pustule; consisting of pustules (= a visible collection of pus within or beneath the epidermis). [EU]

**Pyridoxal:** 3-Hydroxy-5-(hydroxymethyl)-2-methyl-4- pyridinecarboxaldehyde. [NIH]

**Quadriplegia:** Severe or complete loss of motor function in all four limbs which may result from brain diseases; spinal cord diseases; peripheral nervous system diseases; neuromuscular diseases; or rarely muscular diseases. The locked-in syndrome is characterized by quadriplegia in combination with cranial muscle paralysis. Consciousness is spared and the only retained voluntary motor activity may be limited eye movements. This condition is usually caused by a lesion in the upper brain stem which injures the descending cortico-spinal and cortico-bulbar tracts. [NIH]

**Quality of Life:** A generic concept reflecting concern with the modification and enhancement of life attributes, e.g., physical, political, moral and social environment. [NIH]

**Quiescent:** Marked by a state of inactivity or repose. [EU]

**Race:** A population within a species which exhibits general similarities within itself, but is both discontinuous and distinct from other populations of that species, though not sufficiently so as to achieve the status of a taxon. [NIH]

**Radiation:** Emission or propagation of electromagnetic energy (waves/rays), or the waves/rays themselves; a stream of electromagnetic particles (electrons, neutrons, protons, alpha particles) or a mixture of these. The most common source is the sun. [NIH]

**Radiculopathy:** Disease involving a spinal nerve root (see spinal nerve roots) which may result from compression related to intervertebral disk displacement; spinal cord injuries; spinal diseases; and other conditions. Clinical manifestations include radicular pain, weakness, and sensory loss referable to structures innervated by the involved nerve root. [NIH]

**Randomized:** Describes an experiment or clinical trial in which animal or human subjects are assigned by chance to separate groups that compare different treatments. [NIH]

**Reality Testing:** The individual's objective evaluation of the external world and the ability to differentiate adequately between it and the internal world; considered to be a primary ego function. [NIH]

**Receptor:** A molecule inside or on the surface of a cell that binds to a specific substance and causes a specific physiologic effect in the cell. [NIH]

**Recombinant:** A cell or an individual with a new combination of genes not found together in either parent; usually applied to linked genes. [EU]

**Rectum:** The last 8 to 10 inches of the large intestine. [NIH]

**Recur:** To occur again. Recurrence is the return of cancer, at the same site as the original (primary) tumor or in another location, after the tumor had disappeared. [NIH]

**Recurrence:** The return of a sign, symptom, or disease after a remission. [NIH]

**Refer:** To send or direct for treatment, aid, information, de decision. [NIH]

**Regimen:** A treatment plan that specifies the dosage, the schedule, and the duration of

treatment. [NIH]

**Renal Artery:** A branch of the abdominal aorta which supplies the kidneys, adrenal glands and ureters. [NIH]

**Renal capsule:** The fibrous connective tissue that surrounds each kidney. [NIH]

**Renal failure:** Progressive renal insufficiency and uremia, due to irreversible and progressive renal glomerular tubular or interstitial disease. [NIH]

**Renal pelvis:** The area at the center of the kidney. Urine collects here and is funneled into the ureter, the tube that connects the kidney to the bladder. [NIH]

**Renin:** An enzyme which is secreted by the kidney and is formed from prorenin in plasma and kidney. The enzyme cleaves the Leu-Leu bond in angiotensinogen to generate angiotensin I. EC 3.4.23.15. (Formerly EC 3.4.99.19). [NIH]

**Reproduction Techniques:** Methods pertaining to the generation of new individuals. [NIH]

**Retroperitoneal:** Having to do with the area outside or behind the peritoneum (the tissue that lines the abdominal wall and covers most of the organs in the abdomen). [NIH]

**Rhabdomyolysis:** Necrosis or disintegration of skeletal muscle often followed by myoglobinuria. [NIH]

**Rheumatism:** A group of disorders marked by inflammation or pain in the connective tissue structures of the body. These structures include bone, cartilage, and fat. [NIH]

**Rheumatoid:** Resembling rheumatism. [EU]

**Rheumatoid arthritis:** A form of arthritis, the cause of which is unknown, although infection, hypersensitivity, hormone imbalance and psychologic stress have been suggested as possible causes. [NIH]

**Rheumatology:** A subspecialty of internal medicine concerned with the study of inflammatory or degenerative processes and metabolic derangement of connective tissue structures which pertain to a variety of musculoskeletal disorders, such as arthritis. [NIH]

**Rituximab:** A type of monoclonal antibody used in cancer detection or therapy. Monoclonal antibodies are laboratory-produced substances that can locate and bind to cancer cells. [NIH]

**Salivary:** The duct that convey saliva to the mouth. [NIH]

**Salivary glands:** Glands in the mouth that produce saliva. [NIH]

**Saponins:** Sapogenin glycosides. A type of glycoside widely distributed in plants. Each consists of a sapogenin as the aglycon moiety, and a sugar. The sapogenin may be a steroid or a triterpene and the sugar may be glucose, galactose, a pentose, or a methylpentose. Sapogenins are poisonous towards the lower forms of life and are powerful hemolytics when injected into the blood stream able to dissolve red blood cells at even extreme dilutions. [NIH]

**Sarcoid:** A cutaneus lesion occurring as a manifestation of sarcoidosis. [NIH]

**Sarcoidosis:** An idiopathic systemic inflammatory granulomatous disorder comprised of epithelioid and multinucleated giant cells with little necrosis. It usually invades the lungs with fibrosis and may also involve lymph nodes, skin, liver, spleen, eyes, phalangeal bones, and parotid glands. [NIH]

**Sarcoma:** A connective tissue neoplasm formed by proliferation of mesodermal cells; it is usually highly malignant. [NIH]

**Schizoid:** Having qualities resembling those found in greater degree in schizophrenics; a person of schizoid personality. [NIH]

**Schizophrenia:** A mental disorder characterized by a special type of disintegration of the

personality. [NIH]

**Schizotypal Personality Disorder:** A personality disorder in which there are oddities of thought (magical thinking, paranoid ideation, suspiciousness), perception (illusions, depersonalization), speech (digressive, vague, overelaborate), and behavior (inappropriate affect in social interactions, frequently social isolation) that are not severe enough to characterize schizophrenia. [NIH]

**Sciatica:** A condition characterized by pain radiating from the back into the buttock and posterior/lateral aspects of the leg. Sciatica may be a manifestation of sciatic neuropathy; radiculopathy (involving the L4, L5, S1 or S2 spinal nerve roots; often associated with intervertebral disk displacement); or lesions of the cauda equina. [NIH]

**Sclerosis:** A pathological process consisting of hardening or fibrosis of an anatomical structure, often a vessel or a nerve. [NIH]

**Screening:** Checking for disease when there are no symptoms. [NIH]

**Sebaceous:** Gland that secretes sebum. [NIH]

**Sebaceous gland:** Gland that secretes sebum. [NIH]

**Secretion:** 1. The process of elaborating a specific product as a result of the activity of a gland; this activity may range from separating a specific substance of the blood to the elaboration of a new chemical substance. 2. Any substance produced by secretion. [EU]

**Segmental:** Describing or pertaining to a structure which is repeated in similar form in successive segments of an organism, or which is undergoing segmentation. [NIH]

**Segmentation:** The process by which muscles in the intestines move food and wastes through the body. [NIH]

**Sella:** A deep depression in the shape of a Turkish saddle in the upper surface of the body of the sphenoid bone in the deepest part of which is lodged the hypophysis cerebri. [NIH]

**Seminoma:** A type of cancer of the testicles. [NIH]

**Senile:** Relating or belonging to old age; characteristic of old age; resulting from infirmity of old age. [NIH]

**Sensibility:** The ability to receive, feel and appreciate sensations and impressions; the quality of being sensitive; the extend to which a method gives results that are free from false negatives. [NIH]

**Serotonin:** A biochemical messenger and regulator, synthesized from the essential amino acid L-tryptophan. In humans it is found primarily in the central nervous system, gastrointestinal tract, and blood platelets. Serotonin mediates several important physiological functions including neurotransmission, gastrointestinal motility, hemostasis, and cardiovascular integrity. Multiple receptor families (receptors, serotonin) explain the broad physiological actions and distribution of this biochemical mediator. [NIH]

**Serum:** The clear liquid part of the blood that remains after blood cells and clotting proteins have been removed. [NIH]

**Sex Characteristics:** Those characteristics that distinguish one sex from the other. The primary sex characteristics are the ovaries and testes and their related hormones. Secondary sex characteristics are those which are masculine or feminine but not directly related to reproduction. [NIH]

**Shock:** The general bodily disturbance following a severe injury; an emotional or moral upset occasioned by some disturbing or unexpected experience; disruption of the circulation, which can upset all body functions: sometimes referred to as circulatory shock. [NIH]

**Side effect:** A consequence other than the one(s) for which an agent or measure is used, as the adverse effects produced by a drug, especially on a tissue or organ system other than the one sought to be benefited by its administration. [EU]

**Sigmoid:** 1. Shaped like the letter S or the letter C. 2. The sigmoid colon. [EU]

**Sigmoid Colon:** The lower part of the colon that empties into the rectum. [NIH]

**Signs and Symptoms:** Clinical manifestations that can be either objective when observed by a physician, or subjective when perceived by the patient. [NIH]

**Skeletal:** Having to do with the skeleton (boney part of the body). [NIH]

**Skeleton:** The framework that supports the soft tissues of vertebrate animals and protects many of their internal organs. The skeletons of vertebrates are made of bone and/or cartilage. [NIH]

**Small intestine:** The part of the digestive tract that is located between the stomach and the large intestine. [NIH]

**Smooth muscle:** Muscle that performs automatic tasks, such as constricting blood vessels. [NIH]

**Social Environment:** The aggregate of social and cultural institutions, forms, patterns, and processes that influence the life of an individual or community. [NIH]

**Sodium:** An element that is a member of the alkali group of metals. It has the atomic symbol Na, atomic number 11, and atomic weight 23. With a valence of 1, it has a strong affinity for oxygen and other nonmetallic elements. Sodium provides the chief cation of the extracellular body fluids. Its salts are the most widely used in medicine. (From Dorland, 27th ed) Physiologically the sodium ion plays a major role in blood pressure regulation, maintenance of fluid volume, and electrolyte balance. [NIH]

**Soft tissue:** Refers to muscle, fat, fibrous tissue, blood vessels, or other supporting tissue of the body. [NIH]

**Somatic:** 1. Pertaining to or characteristic of the soma or body. 2. Pertaining to the body wall in contrast to the viscera. [EU]

**Spastic:** 1. Of the nature of or characterized by spasms. 2. Hypertonic, so that the muscles are stiff and the movements awkward. 3. A person exhibiting spasticity, such as occurs in spastic paralysis or in cerebral palsy. [EU]

**Spasticity:** A state of hypertonicity, or increase over the normal tone of a muscle, with heightened deep tendon reflexes. [EU]

**Specialist:** In medicine, one who concentrates on 1 special branch of medical science. [NIH]

**Species:** A taxonomic category subordinate to a genus (or subgenus) and superior to a subspecies or variety, composed of individuals possessing common characters distinguishing them from other categories of individuals of the same taxonomic level. In taxonomic nomenclature, species are designated by the genus name followed by a Latin or Latinized adjective or noun. [EU]

**Specificity:** Degree of selectivity shown by an antibody with respect to the number and types of antigens with which the antibody combines, as well as with respect to the rates and the extents of these reactions. [NIH]

**Sperm:** The fecundating fluid of the male. [NIH]

**Sphenoid:** An unpaired cranial bone with a body containing the sphenoid sinus and forming the posterior part of the medial walls of the orbits. [NIH]

**Spinal cord:** The main trunk or bundle of nerves running down the spine through holes in the spinal bone (the vertebrae) from the brain to the level of the lower back. [NIH]

**Spinal Cord Diseases:** Pathologic conditions which feature spinal cord damage or dysfunction, including disorders involving the meninges and perimeningeal spaces surrounding the spinal cord. Traumatic injuries, vascular diseases, infections, and inflammatory/autoimmune processes may affect the spinal cord. [NIH]

**Spinal Nerve Roots:** The paired bundles of nerve fibers entering and leaving the spinal cord at each segment. The dorsal and ventral nerve roots join to form the mixed segmental spinal nerves. The dorsal roots are generally afferent, formed by the central projections of the spinal (dorsal root) ganglia sensory cells, and the ventral roots efferent, comprising the axons of spinal motor and autonomic preganglionic neurons. There are, however, some exceptions to this afferent/efferent rule. [NIH]

**Spleen:** An organ that is part of the lymphatic system. The spleen produces lymphocytes, filters the blood, stores blood cells, and destroys old blood cells. It is located on the left side of the abdomen near the stomach. [NIH]

**Spontaneous Abortion:** The non-induced birth of an embryo or of fetus prior to the stage of viability at about 20 weeks of gestation. [NIH]

**Sporadic:** Neither endemic nor epidemic; occurring occasionally in a random or isolated manner. [EU]

**Spores:** The reproductive elements of lower organisms, such as protozoa, fungi, and cryptogamic plants. [NIH]

**Status Asthmaticus:** A sudden intense and continuous aggravation of a state of asthma, marked by dyspnea to the point of exhaustion and collapse and not responding to the usual therapeutic efforts. [NIH]

**Steatorrhoea:** Excessive amounts of fats in the feces, as in malabsorption syndromes. [EU]

**Sterile:** Unable to produce children. [NIH]

**Steroid:** A group name for lipids that contain a hydrogenated cyclopentanoperhydrophenanthrene ring system. Some of the substances included in this group are progesterone, adrenocortical hormones, the gonadal hormones, cardiac aglycones, bile acids, sterols (such as cholesterol), toad poisons, saponins, and some of the carcinogenic hydrocarbons. [EU]

**Steroid therapy:** Treatment with corticosteroid drugs to reduce swelling, pain, and other symptoms of inflammation. [NIH]

**Stillbirth:** The birth of a dead fetus or baby. [NIH]

**Stimulant:** 1. Producing stimulation; especially producing stimulation by causing tension on muscle fibre through the nervous tissue. 2. An agent or remedy that produces stimulation. [EU]

**Stomach:** An organ of digestion situated in the left upper quadrant of the abdomen between the termination of the esophagus and the beginning of the duodenum. [NIH]

**Stress:** Forcibly exerted influence; pressure. Any condition or situation that causes strain or tension. Stress may be either physical or psychologic, or both. [NIH]

**Subacute:** Somewhat acute; between acute and chronic. [EU]

**Subclinical:** Without clinical manifestations; said of the early stage(s) of an infection or other disease or abnormality before symptoms and signs become apparent or detectable by clinical examination or laboratory tests, or of a very mild form of an infection or other disease or abnormality. [EU]

**Subcutaneous:** Beneath the skin. [NIH]

**Subspecies:** A category intermediate in rank between species and variety, based on a

smaller number of correlated characters than are used to differentiate species and generally conditioned by geographical and/or ecological occurrence. [NIH]

**Substance P:** An eleven-amino acid neurotransmitter that appears in both the central and peripheral nervous systems. It is involved in transmission of pain, causes rapid contractions of the gastrointestinal smooth muscle, and modulates inflammatory and immune responses. [NIH]

**Substrate:** A substance upon which an enzyme acts. [EU]

**Suppression:** A conscious exclusion of disapproved desire contrary with repression, in which the process of exclusion is not conscious. [NIH]

**Suprarenal:** Above a kidney. [NIH]

**Sweat:** The fluid excreted by the sweat glands. It consists of water containing sodium chloride, phosphate, urea, ammonia, and other waste products. [NIH]

**Sweat Glands:** Sweat-producing structures that are embedded in the dermis. Each gland consists of a single tube, a coiled body, and a superficial duct. [NIH]

**Syncope:** A temporary suspension of consciousness due to generalized cerebral schemia, a faint or swoon. [EU]

**Synergistic:** Acting together; enhancing the effect of another force or agent. [EU]

**Systemic:** Affecting the entire body. [NIH]

**Systemic disease:** Disease that affects the whole body. [NIH]

**Systemic lupus erythematosus:** SLE. A chronic inflammatory connective tissue disease marked by skin rashes, joint pain and swelling, inflammation of the kidneys, inflammation of the fibrous tissue surrounding the heart (i.e., the pericardium), as well as other problems. Not all affected individuals display all of these problems. May be referred to as lupus. [NIH]

**Systolic:** Indicating the maximum arterial pressure during contraction of the left ventricle of the heart. [EU]

**Tamponade:** The inserting of a tampon; a dressing is inserted firmly into a wound or body cavity, as the nose, uterus or vagina, principally for stopping hemorrhage. [NIH]

**Testicles:** The two egg-shaped glands found inside the scrotum. They produce sperm and male hormones. Also called testes. [NIH]

**Testosterone:** A hormone that promotes the development and maintenance of male sex characteristics. [NIH]

**Tetany:** 1. Hyperexcitability of nerves and muscles due to decrease in concentration of extracellular ionized calcium, which may be associated with such conditions as parathyroid hypofunction, vitamin D deficiency, and alkalosis or result from ingestion of alkaline salts; it is characterized by carpopedal spasm, muscular twitching and cramps, laryngospasm with inspiratory stridor, hyperreflexia and choreiform movements. 2. Tetanus. [EU]

**Third Ventricle:** A narrow cleft inferior to the corpus callosum, within the diencephalon, between the paired thalami. Its floor is formed by the hypothalamus, its anterior wall by the lamina terminalis, and its roof by ependyma. It communicates with the fourth ventricle by the cerebral aqueduct, and with the lateral ventricles by the interventricular foramina. [NIH]

**Thorax:** A part of the trunk between the neck and the abdomen; the chest. [NIH]

**Threshold:** For a specified sensory modality (e. g. light, sound, vibration), the lowest level (absolute threshold) or smallest difference (difference threshold, difference limen) or intensity of the stimulus discernible in prescribed conditions of stimulation. [NIH]

**Thrombopenia:** Reduction in the number of platelets in the blood. [NIH]

**Thromboses:** The formation or presence of a blood clot within a blood vessel during life. [NIH]

**Thrombosis:** The formation or presence of a blood clot inside a blood vessel. [NIH]

**Thyroid:** A gland located near the windpipe (trachea) that produces thyroid hormone, which helps regulate growth and metabolism. [NIH]

**Thyroid Gland:** A highly vascular endocrine gland consisting of two lobes, one on either side of the trachea, joined by a narrow isthmus; it produces the thyroid hormones which are concerned in regulating the metabolic rate of the body. [NIH]

**Thyroid Hormones:** Hormones secreted by the thyroid gland. [NIH]

**Thyroiditis:** Inflammation of the thyroid gland. [NIH]

**Thyrotoxicosis:** The clinical syndrome that reflects the response of the peripheral tissues to an excess of thyroid hormone. [NIH]

**Thyrotropin:** A peptide hormone secreted by the anterior pituitary. It promotes the growth of the thyroid gland and stimulates the synthesis of thyroid hormones and the release of thyroxine by the thyroid gland. [NIH]

**Thyroxine:** An amino acid of the thyroid gland which exerts a stimulating effect on thyroid metabolism. [NIH]

**Tissue:** A group or layer of cells that are alike in type and work together to perform a specific function. [NIH]

**Tomography:** Imaging methods that result in sharp images of objects located on a chosen plane and blurred images located above or below the plane. [NIH]

**Topical:** On the surface of the body. [NIH]

**Toxic:** Having to do with poison or something harmful to the body. Toxic substances usually cause unwanted side effects. [NIH]

**Toxicity:** The quality of being poisonous, especially the degree of virulence of a toxic microbe or of a poison. [EU]

**Toxicology:** The science concerned with the detection, chemical composition, and pharmacologic action of toxic substances or poisons and the treatment and prevention of toxic manifestations. [NIH]

**Toxins:** Specific, characterizable, poisonous chemicals, often proteins, with specific biological properties, including immunogenicity, produced by microbes, higher plants, or animals. [NIH]

**Trachea:** The cartilaginous and membranous tube descending from the larynx and branching into the right and left main bronchi. [NIH]

**Transaminase:** Aminotransferase (= a subclass of enzymes of the transferase class that catalyse the transfer of an amino group from a donor (generally an amino acid) to an acceptor (generally 2-keto acid). Most of these enzymes are pyridoxal-phosphate-proteins. [EU]

**Transitional cell carcinoma:** A type of cancer that develops in the lining of the bladder, ureter, or renal pelvis. [NIH]

**Translational:** The cleavage of signal sequence that directs the passage of the protein through a cell or organelle membrane. [NIH]

**Transplantation:** Transference of a tissue or organ, alive or dead, within an individual, between individuals of the same species, or between individuals of different species. [NIH]

**Tricuspid Atresia:** Absence of the orifice between the right atrium and ventricle, with the

presence of an atrial defect through which all the systemic venous return reaches the left heart. As a result, there is left ventricular hypertrophy because the right ventricle is absent or not functional. [NIH]

**Tuberculosis:** Any of the infectious diseases of man and other animals caused by species of Mycobacterium. [NIH]

**Tumour:** 1. Swelling, one of the cardinal signs of inflammations; morbid enlargement. 2. A new growth of tissue in which the multiplication of cells is uncontrolled and progressive; called also neoplasm. [EU]

**Tyrosine:** A non-essential amino acid. In animals it is synthesized from phenylalanine. It is also the precursor of epinephrine, thyroid hormones, and melanin. [NIH]

**Ulcerative colitis:** Chronic inflammation of the colon that produces ulcers in its lining. This condition is marked by abdominal pain, cramps, and loose discharges of pus, blood, and mucus from the bowel. [NIH]

**Unconscious:** Experience which was once conscious, but was subsequently rejected, as the "personal unconscious". [NIH]

**Urea:** A compound (CO(NH2)2), formed in the liver from ammonia produced by the deamination of amino acids. It is the principal end product of protein catabolism and constitutes about one half of the total urinary solids. [NIH]

**Uremia:** The illness associated with the buildup of urea in the blood because the kidneys are not working effectively. Symptoms include nausea, vomiting, loss of appetite, weakness, and mental confusion. [NIH]

**Ureter:** One of a pair of thick-walled tubes that transports urine from the kidney pelvis to the bladder. [NIH]

**Urethra:** The tube through which urine leaves the body. It empties urine from the bladder. [NIH]

**Urinary:** Having to do with urine or the organs of the body that produce and get rid of urine. [NIH]

**Urine:** Fluid containing water and waste products. Urine is made by the kidneys, stored in the bladder, and leaves the body through the urethra. [NIH]

**Uterus:** The small, hollow, pear-shaped organ in a woman's pelvis. This is the organ in which a fetus develops. Also called the womb. [NIH]

**Vagina:** The muscular canal extending from the uterus to the exterior of the body. Also called the birth canal. [NIH]

**Vaginitis:** Inflammation of the vagina characterized by pain and a purulent discharge. [NIH]

**Vascular:** Pertaining to blood vessels or indicative of a copious blood supply. [EU]

**Vein:** Vessel-carrying blood from various parts of the body to the heart. [NIH]

**Venous:** Of or pertaining to the veins. [EU]

**Ventricle:** One of the two pumping chambers of the heart. The right ventricle receives oxygen-poor blood from the right atrium and pumps it to the lungs through the pulmonary artery. The left ventricle receives oxygen-rich blood from the left atrium and pumps it to the body through the aorta. [NIH]

**Ventricular:** Pertaining to a ventricle. [EU]

**Vesicular:** 1. Composed of or relating to small, saclike bodies. 2. Pertaining to or made up of vesicles on the skin. [EU]

**Veterinary Medicine:** The medical science concerned with the prevention, diagnosis, and

treatment of diseases in animals. [NIH]

**Villous:** Of a surface, covered with villi. [NIH]

**Virilism:** Development of masculine traits in the female. [NIH]

**Virus:** Submicroscopic organism that causes infectious disease. In cancer therapy, some viruses may be made into vaccines that help the body build an immune response to, and kill, tumor cells. [NIH]

**Visceral:** , from viscus a viscus) pertaining to a viscus. [EU]

**Vitiligo:** A disorder consisting of areas of macular depigmentation, commonly on extensor aspects of extremities, on the face or neck, and in skin folds. Age of onset is often in young adulthood and the condition tends to progress gradually with lesions enlarging and extending until a quiescent state is reached. [NIH]

**Vitro:** Descriptive of an event or enzyme reaction under experimental investigation occurring outside a living organism. Parts of an organism or microorganism are used together with artificial substrates and/or conditions. [NIH]

**Vivo:** Outside of or removed from the body of a living organism. [NIH]

**Vulgaris:** An affection of the skin, especially of the face, the back and the chest, due to chronic inflammation of the sebaceous glands and the hair follicles. [NIH]

**White blood cell:** A type of cell in the immune system that helps the body fight infection and disease. White blood cells include lymphocytes, granulocytes, macrophages, and others. [NIH]

**Windpipe:** A rigid tube, 10 cm long, extending from the cricoid cartilage to the upper border of the fifth thoracic vertebra. [NIH]

**Withdrawal:** 1. A pathological retreat from interpersonal contact and social involvement, as may occur in schizophrenia, depression, or schizoid avoidant and schizotypal personality disorders. 2. (DSM III-R) A substance-specific organic brain syndrome that follows the cessation of use or reduction in intake of a psychoactive substance that had been regularly used to induce a state of intoxication. [EU]

**Xenograft:** The cells of one species transplanted to another species. [NIH]

**X-ray:** High-energy radiation used in low doses to diagnose diseases and in high doses to treat cancer. [NIH]

# INDEX

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